



POSTPARTUM UNHAPPINESS: SELF-ASSESSMENT TOOL

OUR GOAL IS TO HELP TPS FAMILIES IDENTIFY
THE NEED FOR, AND PROVIDE ACCESS TO,
SUPPORTS DURING THE POSTPARTUM PERIOD

Answer the questions below by identifying the level of happiness on the following scale over the period of the past seven days (not just how you feel today)

1. I can see the funny side of things and laugh...

- | | |
|-------------------------------|------------------------------------|
| a) As much as usual | c) Definitely not as much as usual |
| b) Not quite as much as usual | d) Not at all |

2. I look forward to things with positivity and joy...

- | | |
|-------------------------------|------------------------------------|
| a) As much as usual | c) Definitely not as much as usual |
| b) Not quite as much as usual | d) Not at all |

3. When things went wrong I blamed myself unnecessarily...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

4. I have been anxious or worried unnecessarily...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

5. I have felt scared or panicked unnecessarily...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

6. I've been feeling overwhelmed...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |



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7. I have difficulty sleeping because I am so unhappy...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

8. I have felt sad or miserable...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

9. I have been crying because of my unhappiness...

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

10. I have had thoughts of harming myself or my baby....

- | | |
|----------------|---------------------|
| a) not at all | c) some of the time |
| b) very little | d) most of the time |

If you have a feeling after completing this form that something isn't right or if you have any questions, please contact Toronto Beyond the Blue or your childbirth educator, doula, postpartum care provider or a mental health therapist.

*Self assessment tool adapted from the DONA Postpartum Doula Workshop Manual 2013