

## MENTAL HEALTH AND WELLBEING ASSESSMENT – OGCG.

Today's date:    /    /                      Weeks pregnant:\_\_\_\_\_ or Baby's delivery date (If Born):\_\_\_\_\_

Your Name:\_\_\_\_\_ Baby's Name (If Born):\_\_\_\_\_

We are interested to know how you are feeling throughout your pregnancy and following the birth of you baby.

Please select ONE answer which is the closest to how you have felt in the past 7 days.

**1. I have been able to laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**2. I have looked forward with enjoyment to things**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**3. I have blamed myself unnecessarily when things went wrong**

- No, never
- Not very often
- Yes, some of the time
- Yes, most of the time

**4. I have been anxious or worried for no good reason**

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

**5. I have felt scared or panicky for no good reason**

- No, not at all
- No, not much
- Yes, sometimes
- Yes, quite a lot

**6. Things have been getting on top of me**

- No, I have been coping as well as ever
- No, most of the time I have coped quite well
- Yes, sometimes I haven't been coping as well as usual
- Yes, most of the time I haven't been able to cope at all

**7. I have been so unhappy that I have difficulty sleeping**

- No, not at all
- Not very often
- Yes, sometimes
- Yes, most of the time

**8. I have felt sad or miserable**

- No, not at all
- Not very often
- Yes, quite often
- Yes, most of the time

**9. I have been so unhappy that I have been crying**

- No, never
- Only occasionally
- Yes, quite often
- Yes, most of the time

**10. The thought of harming myself has occurred to me**

- Never
- Hardly ever
- Sometimes
- Yes, quite often

## SUPPORT AND SAFETY ASSESSMENT-OGCG

1. How does your partner feel about the pregnancy? (baby if post natal)? Do you feel supported?
2. Do you have any concerns that you (or the baby) are at risk of domestic abuse/violence at home?
2. Do you consume/use alcohol or drugs on a regular basis?
3. Is there anything else you would like to discuss?

**If you think of anything after your appointment today you can continue this conversation at your next appointment or call the rooms to talk to your Dr further.**