baby
born and bred in yorkshire

☐☐/☐☐☐☐☐/☐☐

Time Point (Delete as appropriate)
26 Weeks / 8 Weeks / 1 Year

Patient Health Questionnaire – 8 (PHQ-8)

Over the last two weeks, how often have you been bothered by any of the following problems? (*Use "✔" to indicate your answer*)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

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GAD 7

Over the last two weeks, how often have you been bothered by any of the following problems? (*Use "✔" to indicate your answer*)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐
3. Worrying too much about different things	☐	☐	☐	☐
4. Having trouble relaxing	☐	☐	☐	☐
5. Being so restless that it is hard to sit still	☐	☐	☐	☐
6. Becoming easily annoyed or irritable	☐	☐	☐	☐
7. Feeling afraid that something awful might happen	☐	☐	☐	☐

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Physical Symptoms (PHQ-15)

During the last four weeks, how much have you been bothered by any of the following problems? (*Use "✔" to indicate your answer*)	Not bothered at all	Bothered A little	Bothered A lot
1. Stomach pain	☐	☐	☐
2. Back pain	☐	☐	☐
3. Pain in your arms, legs, or joints (knees, hips, etc.)	☐	☐	☐
4. Menstrual cramps or other problems with your periods WOMEN ONLY – If pregnant not applicable	☐	☐	☐
5. Headaches	☐	☐	☐
6. Chest pain	☐	☐	☐
7. Dizziness	☐	☐	☐
8. Fainting spells	☐	☐	☐
9. Feeling your heart pound or race	☐	☐	☐
10. Shortness of breath	☐	☐	☐
11. Pain or problems during sexual intercourse	☐	☐	☐
12. Constipation, loose bowels, or diarrhoea	☐	☐	☐
13. Nausea, gas, or indigestion	☐	☐	☐
14. Feeling tired or having low energy	☐	☐	☐
15. Trouble sleeping	☐	☐	☐

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LTE-Q

The following is a list of important life events. For each life event please tick 'Yes' if you have experienced that life event over the last six months and 'No' if you have not. For those events that you have experienced, please also indicate the date that the event occurred with as much accuracy as you can.

	No	Yes	If Yes when did this occur?
1. You yourself suffered a serious illness, injury or an assault	☐	☐	D D / M M / Y Y
2. A serious illness, injury or assault happened to a close relative	☐	☐	D D / M M / Y Y
3. Your parent, child or spouse died	☐	☐	D D / M M / Y Y
4. A close family friend or another relative (aunt, cousin, grandparent) died	☐	☐	D D / M M / Y Y
5. You had a separation due to marital difficulties	☐	☐	D D / M M / Y Y
6. You broke off a steady relationship	☐	☐	D D / M M / Y Y
7. You had a serious problem with a close friend, neighbour or relative	☐	☐	D D / M M / Y Y
8. You became unemployed or you were seeking work unsuccessfully for more than one month	☐	☐	D D / M M / Y Y
9. You were sacked from your job	☐	☐	D D / M M / Y Y
10. You had a major financial crisis	☐	☐	D D / M M / Y Y
11. You had problems with the police and a court appearance	☐	☐	D D / M M / Y Y
12. Something you valued was lost or stolen	☐	☐	D D / M M / Y Y