

The following checklist will help you start a conversation with your provider. Check the boxes that best describe your experience over the **past 2 weeks**, and take the checklist with you to give to your provider at your next visit.

In the past 2 weeks (14 days), how often have you:	A Few Days	Over Half the Days	Every Day
Felt sad or low?			
Felt more tired than usual, or have less energy during the day?			
Felt upset or annoyed at little things?			
Had trouble thinking, concentrating, or making decisions?			
Had no appetite or been eating too much?			
Worried that you might hurt yourself or felt like you wanted to die?			
Had trouble enjoying things that used to be fun?			
Felt like you have no one to talk to?			
Felt that you just can't make it through the day?			
Felt worthless or hopeless?			
Had headaches, backaches, or stomachaches?			
Complete the following questions only if you have given birth to a baby in the last 12 months.			
Had problems sleeping when your baby sleeps, or sleeping too much?			
Felt numb or disconnected from your baby?			
Had scary or negative thoughts about your baby?			
Worried that you might hurt your baby?			
Felt worried or scared that something bad might happen?			
Felt guilty or ashamed about your job as a mom?			