

Pregnancy & Postpartum Symptom List

Please check all that apply to how you are feeling.

- | | |
|---|--|
| <input type="checkbox"/> Can't fall asleep at night | <input type="checkbox"/> Eating too much junk food |
| <input type="checkbox"/> Unable to sleep, even when baby sleeps | <input type="checkbox"/> Caffeine in my diet |
| <input type="checkbox"/> Wake up several times during the night | <input type="checkbox"/> Alcohol in my diet |
| <hr/> | |
| <input type="checkbox"/> Wake up early and can't go back to sleep | <input type="checkbox"/> Tightness in my chest |
| <input type="checkbox"/> Tired all the time | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Sleeping too much | <input type="checkbox"/> Feeling of impending doom |
| <hr/> | |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Eating less than usual | <input type="checkbox"/> Hot/cold flashes |
| <input type="checkbox"/> Unable to eat | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Nauseous | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Butterflies in stomach | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Losing weight | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Gaining weight | <input type="checkbox"/> Shakiness |
| <input type="checkbox"/> Craving sweets | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Forcing myself to eat | <input type="checkbox"/> Heart skipping beats |
| <input type="checkbox"/> Unable to force myself to eat | <input type="checkbox"/> Numbness |
| | <input type="checkbox"/> Restlessness |
| | <input type="checkbox"/> Shortness of breath |

___ Feeling separate from my body

___ Headaches

___ Diarrhea

___ Vomiting

___ Irritable

___ Fearful

___ Sad

___ Angry

___ Hopeless

___ Inadequate

___ Dependent

___ Helpless

___ Withdrawn

___ Frustrated

___ Worried

___ Overwhelmed

___ Guilty

___ Worthless

___ Uninterested in pleasurable things

___ Lack of energy

___ Exhausted

___ Scary thoughts about my baby

___ Scary thoughts about myself

___ Scary thoughts about others I love

___ Thoughts of harming myself in some way

___ Thoughts of harming my baby

___ Negative, intrusive, repetitive thoughts or images

___ Afraid to tell anyone my thoughts

___ Racing thoughts keep me up at night

___ Fear that I'm going crazy

___ Fear of losing control

___ Difficulty concentrating

___ Difficulty making decisions

___ Memory loss

___ Crying all the time

___ Uncomfortable being with baby

- ___ Over-attached to baby
 - ___ Unable to cope
 - ___ Detached from baby
 - ___ Nervous about ability to care for baby
 - ___ Afraid to be alone with baby
 - ___ Overly attached to my husband
 - ___ Detached from my husband
 - ___ Loss of sexual interest
 - ___ Full of anger/ ready to explode
-
- ___ I don't think I can do this by myself
 - ___ I have felt this bad before
 - ___ Confused
 - ___ This is the worst I have ever felt

- ___ I feel worse in the morning
- ___ I feel worse in the afternoon
- ___ I just don't feel like myself
- ___ This isn't who I usually am
- ___ I am worried about the way I am feeling
- ___ I just want to run away
- ___ I wish I didn't have to be here
- ___ I'm afraid I'll never feel better
- ___ I feel like a failure
- ___ My child and husband would be better off without me.