



**C R E D I T • V A L L E Y**  
THE CREDIT VALLEY HOSPITAL

**Women's Reproductive Mental Health Program**

**SELF ASSESSMENT QUESTIONNAIRE**

- 1) Have you ever been diagnosed or treated for Depression/Anxiety?      Yes       No
- 2) Do you have a history of Postpartum Depression?      Yes       No
- 3) Have you noticed a decline in your mood or functioning in the last 2 weeks?      Yes       No
- 4) Are there stressful events in your life?      Yes       No
- 5) Are you concerned about lack of support for you? (family, friends or neighbours)?      Yes       No

If at any time during your pregnancy or after giving birth, you have answered yes to any of questions 1 – 5 you may benefit from the services provided by the Women's Reproductive Mental Health Program. Please discuss this questionnaire with your physician to help initiate a referral.