Postpartum Social Support Screening

Practical and emotional support is important in protecting against maternal mental health disorders; take this survey to see how your social support system measures up.

The following questions are about how much support you can count on from people around you.

How often is each of the following kinds of support available to you if you need it?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Circle one number per line:  | None of the time  | A little of the time  | Some of the time  | Most of the time  | All of the time  |
| Someone you can count on to listen to you when you need to talk  |  1  |  2  |  3  |  4  |  5  |
| Someone to give you good advice about a problem  |  1  |  2  |  3  |  4  |  5  |
| Someone to take you or baby to the doctor if needed  |  1  |  2  |  3  |  4  |  5  |
| Someone you can laugh or just relax with  |  1  |  2  |  3  |  4  |  5  |
| Someone to help you get information or help you to solve a problem  |  1  |  2  |  3  |  4  |  5  |
| Someone to help you with chores or with taking care of the baby  |  1  |  2  |  3  |  4  |  5  |
| Someone to share your most private worries and fears with  |  1  |  2  |  3  |  4  |  5  |
| Someone to do something enjoyable with  |  1  |  2  |  3  |  4  |  5  |
| Someone to love you and make you feel special  |  1  |  2  |  3  |  4  |  5  |

Who helps you the most with practical things (feeding baby, folding laundry, grocery store)?

* Spouse  Community Health Worker  Other family members  Friends  Paid helper
* Doctor  Nurse  Case manager  No one
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you feel most comfortable sharing your feelings or talking about something that is worrying you?

* Spouse  Community Health Worker  Other family members  Friends  Paid helper
* Doctor  Nurse  Case manager  No one
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who helps you the most in with the transition to motherhood?

* Spouse  Community Health Worker  Other family members  Friends  Paid helper
* Doctor  Nurse  Case manager  No one
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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