



MAMI MATERNAL MENTAL HEALTH ASSESSMENT FORM

(Scenario C)

Basic Information			
Primary caregiver name	Samira Ali	ID no	98765
Infant name	Amal Ali	Date of assessment	31- Jul - 2023

Over the last two weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
2.	Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
3.	Trouble falling or staying asleep? Or sleeping too much?	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4.	Feeling tired or having little energy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
5.	Poor appetite? Or over-eating?	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6.	Feeling bad about yourself? Or that you are a failure? Or have let yourself or your family down?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
7.	Trouble concentrating on things, such as following a conversation with people?	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8.	Moving or speaking so slowly that other people could have noticed a difference? Or being so fidgety or restless that you have been moving around a lot more than usual?	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9.	Thought that you would be better off dead or of hurting yourself in some way?	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ACT	Add column scores:		2	6	3
	TOTAL ASSESSMENT SCORE:		11		
	Classif y	LOW RISK: 0 – 9 and 'no' to Question 9 (thoughts of self-harm)	MODERATE RISK: 10 – 14 and 'no' to Question 9 (thoughts of self-harm)		HIGH RISK: 15+ and/or 'yes' to Question 9 (thoughts of self-harm)
	Other – specify:				

Notes:

First-time mother with a physical disability. She describes her disability as weakness on her left side, which makes it difficult for her to walk and difficult to hold things in her left arm. Her baby was born low birthweight, and she worries that she is small compared to the other babies. She is worried about her breastfeeding and feels she isn't doing a good job of caring for her baby. She says that she is managing to breastfeed, but that it can be quite uncomfortable to find a good spot or position to breastfeed because she will lay the infant in her lap and lean over her to feed. She often feels left out by the other women and mothers in community. They talk to her like she cannot understand them, and she feels very alone to figure out how to feed and care for her baby.

ACT	RETURN TO MAMI ASSESSMENT FORM AND COMPLETE ASSESSMENT
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