



# MAMI MATERNAL MENTAL HEALTH ASSESSMENT FORM

## Basic Information

Primary caregiver name		ID no	
Infant name		Date of assessment	___ / ___ / ___

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 type="checkbox"/> 2	<input type="checkbox"/> 3
2.	Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3.	Trouble falling or staying asleep? Or sleeping too much?	<input 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 type="checkbox"/> 2	<input type="checkbox"/> 3
5.	Poor appetite? Or over-eating?	<input type="checkbox"/> 0	<input 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 type="checkbox"/> 3
7.	Trouble concentrating on things, such as following a conversation with people?	<input type="checkbox"/> 0	<input 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 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 type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ACT	Add column scores:				
	TOTAL ASSESSMENT SCORE:				
	Classify	<b>LOW RISK:</b> 0 – 9 <i>and</i> 'no' to Question 9 (thoughts of self-harm)	<b>MODERATE RISK:</b> 10 – 14 <i>and</i> 'no' to Question 9 (thoughts of self-harm)	<b>HIGH RISK:</b> 15+ <i>and/or</i> 'yes' to Question 9 (thoughts of self-harm)	
	Other – specify:				

Notes:

ACT

RETURN TO MAMI ASSESSMENT FORM AND COMPLETE ASSESSMENT