University of Dongola

Faculty of Medicine and Health Sciences

Department of Community Medicine

Research Title: Prevalence and Factors Associated with Postpartum Depression Among Women Attending Maternity Services in Dongola Maternity Hospital, Northern State, Sudan, 2026

This questionnaire has been prepared for scientific research purposes, and the strict confidentiality of the data will be maintained.

Questionnaire No.:

Do you agree to voluntarily participate in this research and complete the questionnaire?

- □ Yes, I agree

Section 1: Socio-demographic Data

1. Age (in years):

.....

2. Marital status:

- □ Married
- □ Divorced
- □ Widowed

3. Educational level:

- □ Illiterate (no formal education)
- □ Primary / Basic
- □ Secondary
- □ University / Postgraduate

4. Occupation:

- □ Housewife
- □ Employed
- □ Student

5. Residence:

- □ Urban
- □ Rural

6. Monthly family income:

- □ Low
- □ Medium
- □ High

7. Do you live with your husband in the same house?

- □ Yes
- □ No

8. Do you have chronic disease?

- □ Yes
- □ No

9. Do you have any chronic medication?

- □ Yes
- □ No

Section 2: Obstetric History and Recent Childbirth

10. Number of previous deliveries:

.....

11. How long ago did you give birth? (in weeks)

.....

12. Mode of your last delivery:

- □ Normal vaginal delivery
- □ Caesarean section

13. Was this pregnancy planned?

- □ Yes
- □ No

14. Did you experience complications during pregnancy or delivery?

- □ Yes
- □ No

15. Does the baby need special care because of health problems?

- □ Yes
- □ No

16. Are you currently breastfeeding?

- □ Exclusive breastfeeding
- □ Mixed feeding (breast milk + formula)
- □ Formula feeding only
- □ Other: .....

17. Is this your first experience of motherhood?

- □ Yes
- □ No

18. Have you ever had a miscarriage or a stillbirth?

- □ Yes
- □ No

Section 3: Psychological and Social Support

19. Who helps you with childcare?

- □ Husband
- □ Your mother
- □ Your mother-in-law
- □ No one
- □ Other: .....

20. How would you describe your relationship with your husband?

- □ Excellent / very supportive
- □ Average
- □ There are disagreements / unstable

21. Do you feel you receive enough support from your family?

- □ Yes
- □ No

22. Do you have someone you can talk to freely about your feelings?

- □ Yes
- □ No

23. Have you felt lonely since giving birth?

- □ Yes
- □ Sometimes
- □ No

24. Have you faced financial or family pressures recently?

- □ Yes
- □ No

25. Did the baby's sex match your expectations / your family's expectations?

- □ Yes
- □ No

Section 4: Personal and Family Psychiatric History

26. Is there a family history of depression or mental illness?

- □ Yes
- □ No

27. Did you experience postpartum depression after a previous delivery?

- □ Yes
- □ No

Section 6: Edinburgh Postnatal Depression Scale (EPDS)

Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how

you feel today.

1. I have been able to laugh and see the funny side of things

☐ As much as I always could

☐ Not quite so much now

☐ Definitely not so much now

☐ Not at all

2. I have looked forward with enjoyment to things

☐ As much as I ever did

☐ Rather less than I used to

☐ Definitely less than I used to

☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong

☐ Yes, most of the time

☐ Yes, some of the time

☐ Not very often

☐ No, never

4. I have been anxious or worried for no good reason

☐ No, not at all

☐ Hardly ever

☐ Yes, sometimes

☐ Yes, very often

5. I have felt scared or panicky for no very good reason

☐ Yes, quite a lot

☐ Yes, sometimes

☐ No, not much

☐ No, not at all

6. Things have been getting on top of me

☐ Yes, most of the time I haven’t been able to cope at all

☐ Yes, sometimes I haven’t been coping as well as usual

☐ No, most of the time I have coped quite well

☐ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

☐ Yes, most of the time

☐ Yes, sometimes

☐ Not very often

☐ No, not at all

8. I have felt sad or miserable

☐ Yes, most of the time

☐ Yes, quite often

☐ Not very often

☐ No, not at all

9. I have been so unhappy that I have been crying

☐ Yes, most of the time

☐ Yes, quite often

☐ Only occasionally

☐ No, never

10. The thought of harming myself has occurred to me

☐ Yes, quite often

☐ Sometimes

☐ Hardly ever

☐ Never

Thank You for Your Participation