

Post-Partum Depression Screening

Name: _____ DOB: _____

Date of delivery: _____

As you have recently had a baby, we would like to know how you are feeling. Please mark the answer which comes closest to how you felt in the last 7 days, not just how you feel today.

In the past 7 days:

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

- | | |
|---|---|
| <input type="checkbox"/> As much as I always could | 0 |
| <input type="checkbox"/> Not quite so much now | 1 |
| <input type="checkbox"/> Definitely not so much now | 2 |
| <input type="checkbox"/> Not at all | 3 |

2. I have looked forward with enjoyment to things

- | | |
|--|---|
| <input type="checkbox"/> As much as I ever did | 0 |
| <input type="checkbox"/> Rather less than I used to | 1 |
| <input type="checkbox"/> Definitely less than I use to | 2 |
| <input type="checkbox"/> Hardly at all | 3 |

3. I have blamed myself unnecessarily when things went wrong

- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, some of the time | 2 |
| <input type="checkbox"/> Not very often | 1 |
| <input type="checkbox"/> No, never | 0 |

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

- | | |
|--|---|
| <input type="checkbox"/> No, not at all | 0 |
| <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Yes, very often | 3 |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes, quite a lot | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> No, not much | 1 |
| <input type="checkbox"/> No, not at all | 0 |

6. Things have been getting to me
- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Yes, most of time I haven't been able to cope | 3 |
| <input type="checkbox"/> | Yes, sometimes I haven't been coping as well as usual | 2 |
| <input type="checkbox"/> | No, most of the time I have coped quite well | 1 |
| <input type="checkbox"/> | No, I have been coping as well as ever | 0 |
7. I have been so unhappy that I have had difficulty sleeping
- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Yes, most of the time | 3 |
| <input type="checkbox"/> | Yes, sometimes | 2 |
| <input type="checkbox"/> | Not very often | 1 |
| <input type="checkbox"/> | No, not at all | 0 |
8. I have felt sad or miserable
- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Yes, most of the time | 3 |
| <input type="checkbox"/> | Yes, quite often | 2 |
| <input type="checkbox"/> | Not very often | 1 |
| <input type="checkbox"/> | No, not at all | 0 |
9. I have been so unhappy that I have been crying
- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Yes, most of the time | 3 |
| <input type="checkbox"/> | Yes, quite often | 2 |
| <input type="checkbox"/> | Only occasionally | 1 |
| <input type="checkbox"/> | No, never | 0 |
10. The thought of harming myself has occurred to me
- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Yes, most of the time | 3 |
| <input type="checkbox"/> | Sometimes | 2 |
| <input type="checkbox"/> | Hardly ever | 1 |
| <input type="checkbox"/> | Never | 0 |