

## Postnatal Depression Screen

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Mother/Parent Name: \_\_\_\_\_ Obstetrician: \_\_\_\_\_

A baby presents new changes, challenges, and pressures in one's life. Your health, as well as the health of the entire family, affects your newborn.

- Please answer these brief screening questions.
- Check the answer that comes closest to how you have felt **during the past week**, not just how you feel today.
- If you have any questions, please do not hesitate to talk to your pediatrician.

### EXAMPLE

I have felt happy.

- Yes, all the time.
- Yes, most of the time.
- No, not very often.
- No, not at all.

This would mean: "I have felt happy most of the time during the past week."

**Please complete the other questions in the same way.**

1. I have been able to laugh and see the funny side of things.
  - <sup>0</sup> As much as I always could.
  - <sup>1</sup> Not quite so much now.
  - <sup>2</sup> Definitely not so much now.
  - <sup>3</sup> Not at all.
2. I have looked forward with enjoyment to things.
  - <sup>0</sup> As much as I ever did.
  - <sup>1</sup> Rather less than I used to.
  - <sup>2</sup> Definitely less than I used to.
  - <sup>3</sup> Hardly at all.
3. I have blamed myself unnecessarily when things went wrong.
  - <sup>3</sup> Yes, most of the time.
  - <sup>2</sup> Yes, some of the time.
  - <sup>1</sup> Not very often.
  - <sup>0</sup> No, never.
4. I have been anxious or worried for no good reason.
  - <sup>0</sup> No, not at all.
  - <sup>1</sup> Hardly ever.
  - <sup>2</sup> Yes, sometimes.
  - <sup>3</sup> Yes, very often.
5. I have felt scared or panicky for no very good reason.
  - <sup>3</sup> Yes, quite a lot.
  - <sup>2</sup> Yes, sometimes.
  - <sup>1</sup> No, not much.
  - <sup>0</sup> No, not at all.
6. Things have been getting to me.
  - <sup>3</sup> Yes, most of the time I haven't been able to cope at all.
  - <sup>2</sup> Yes, sometimes I haven't been coping as well as usual.
  - <sup>1</sup> No, most of the time I have coped quite well.
  - <sup>0</sup> No, I have been coping as well as ever.
7. I have been so unhappy that I have had difficulty sleeping.
  - <sup>3</sup> Yes, most of the time.
  - <sup>2</sup> Yes, sometimes.
  - <sup>1</sup> Not very often.
  - <sup>0</sup> No, not at all.
8. I have felt sad or miserable.
  - <sup>3</sup> Yes, most of the time.
  - <sup>2</sup> Yes, quite often.
  - <sup>1</sup> Not very often.
  - <sup>0</sup> No, not at all.
9. I have been so unhappy that I have been crying.
  - <sup>3</sup> Yes, most of the time.
  - <sup>2</sup> Yes, quite often.
  - <sup>1</sup> Only occasionally.
  - <sup>0</sup> No, never.
10. The thought of harming myself has occurred to me.
  - <sup>3</sup> Yes, quite often.
  - <sup>2</sup> Sometimes.
  - <sup>1</sup> Hardly ever.
  - <sup>0</sup> Never.