



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.

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