

POSTPARTUM DEPRESSION SCREENING TOOL

Name: _____

Address: _____ Telephone: _____

Baby Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please check the answer which 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
 - 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 reason at all.
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
6. *Things have been getting out of hand.
 - 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 all
9. *I have been so unhappy that I have been crying.
 - Yes, most of the time
 - Yes, quite often
 - Only sometimes
 - No, never
10. *The thought of harming myself or my baby has occurred to me.
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

*Adapted from the Edinburgh Post Natal Depression Scale.

Postpartum Scale Scoring System

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items.

Results:

Q.1	Q.2	Q.3 *	Q.4	Q.5 *	Calculate Score:
Q.6 *	Q.7 *	Q.8 *	Q.9 *	Q.10 *	

Interpretation of the score

- 1-10 No further screen**
- 11-14 Repeat in two weeks**
- 15+ Refer mother to the PCP**
- 20+ Have to take action to ensure an early PCP appointment**

This document should be retained with the progress note for the postpartum visit.

Name: _____ DOB: _____

Medical Record No.: _____