

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

## 1 Month Visit

### Postnatal Depression Screen (10+)

#### IN THE PAST 7 DAYS...

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
  - No, never
  - Not very often
  - Yes, some of the time
  - Yes, most of the time
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
  - No, not at all
  - No, not much
  - Yes, sometimes
  - Yes, quite a lot
6. Things have been getting on top of me
  - No, I have been coping as well as ever
  - No, most of the time I have coped quite well
  - Yes, sometimes I haven't been coping as well as usual
  - Yes, most of the time I haven't been able to cope at all
7. I have been so unhappy that I have had difficulty sleeping
  - No, not at all
  - Not very often
  - Yes, sometimes
  - Yes, most of the time
8. I have felt sad or miserable
  - No, not at all
  - Not very often
  - Yes, quite often
  - Yes, most of the time
9. I have been so unhappy that I have been crying
  - No, never
  - Only occasionally
  - Yes, quite often
  - Yes, most of the time
10. The thought of harming myself has occurred to me
  - Never
  - Hardly ever
  - Sometimes
  - Yes, quite often