



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

