

# Maternal Depression Screening

Name: \_\_\_\_\_ Total: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ Pregnancy (3<sup>rd</sup> trimester)

\_\_\_/\_\_\_/\_\_\_ Postpartum (6 weeks)

\_\_\_/\_\_\_/\_\_\_ Other... Please specify \_\_\_\_\_

As you get close to having a baby or recently had a baby, we would like to know how you are feeling. Please **UNDERLINE** 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  
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.**  
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 very good reason.**  
Yes, quite a lot  
Yes, sometimes  
No, not much  
No, not at all

## Maternal Depression Screening

---

6. **\*Things have been getting on top of me.**  
Yes, most of the time I haven't been able to cope at all  
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 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 at all
  
9. **\*I have been so unhappy that I have been crying.**  
Yes, most of the time  
Yes, quite often  
Only occasionally  
No, never
  
10. **\*The thought of harming myself has occurred to me.**  
Yes, quite often  
Sometimes  
Hardly ever  
Never