

Postpartum Depression Evaluation Checklist

Instructions

- Review each statement below.
- Check the box if the statement is true for you in the last 2 weeks.

Checklist

- ☐ I have felt sad, hopeless, or overwhelmed.
- ☐ I have had trouble sleeping even when my baby is sleeping.
- ☐ I have lost interest or pleasure in activities I usually enjoy.
- ☐ I have felt anxious or panicky frequently.
- ☐ I have experienced changes in appetite.
- ☐ I have felt exhausted but struggled to rest.
- ☐ I have felt disconnected from my baby.
- ☐ I have felt guilty or worthless.
- ☐ I have had difficulty concentrating or making decisions.
- ☐ I have thought of hurting myself or my baby.

Notes

Next Steps