

Postpartum Depression Self-Report Screening Form

Personal Information

Name:

Age:

Date:

Screening Questions

During the past week, have you 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

Have you 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

Have you blamed yourself unnecessarily when things went wrong?

- ☐ No, never ☐ Not very often ☐ Yes, some of the time ☐ Yes, most of the time

Have you been anxious or worried for no good reason?

- ☐ No, not at all ☐ Hardly ever ☐ Yes, sometimes ☐ Yes, very often

Have you felt scared or panicky for no good reason?

- ☐ No, not at all ☐ No, not much ☐ Yes, sometimes ☐ Yes, quite a lot

Have you been so unhappy that you have had difficulty sleeping?

- ☐ No, not at all ☐ Not very often ☐ Yes, sometimes ☐ Yes, most of the time

Have you felt sad or miserable?

- ☐ No, not at all ☐ Not very often ☐ Yes, quite often ☐ Yes, most of the time

Have you been so unhappy that you have been crying?

- ☐ No, never ☐ Only occasionally ☐ Yes, quite often ☐ Yes, most of the time

Have you thought of harming yourself?

- ☐ Never ☐ Hardly ever ☐ Sometimes ☐ Yes, quite often

Comments or Concerns