



Postpartum Depression Screening

As you have recently had a baby, we would like to know how you are feeling.

IMPORTANT: If you have *immediate* concerns about your emotional well-being and would like to speak to a nurse at the Health Care Information Line (HCIL), please call the following number anytime, 24 hours a day: 00800-4759-2330.

Instructions:

- Fill out survey below
- Return this form to the Pediatric clinic

Please mark the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

IN THE PAST 7 DAYS:

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p> | <p>★5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No, not much</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p> | <p>★6. Most things bother me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> Yes, sometimes I can't cope as well as usual</p> <p><input type="checkbox"/> No, most of the time I have coped quite well</p> <p><input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>★3. I blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, some of the time</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, never</p> | <p>★7. I have been so unhappy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, very often</p> | <p>★8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |

Postpartum Depression Screening (continued)

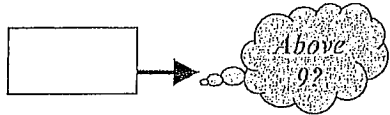
★9. I have been so unhappy that I have been crying

- 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

Score:



Please fill in the information below and mail or drop off your completed survey to:

48th Medical Group
Pediatric Clinic
Unit 5210, Box 230
RAF Lakenheath, UK
09461

48th Medical Group
MDOS/SGOBP
RAF Lakenheath, Brandon, Suffolk
IP27 9PN

Your Name _____ Today's Date: _____

Child's name _____ FMP/SSN ____/____

Type of visit: 2 Month 4 Month 6 Month 12 Month

Would you like someone to call you? Yes No

Phone number _____ Best time to call _____ AM PM

OK to leave a message Don't leave a message; speak to me directly

Thank you for completing this survey.