

Post Partum Depression Survey

Please fill out this questionnaire and give it to your doctor.

Your Age: _____

How many weeks pregnant were you at delivery? _____ weeks _____ days

Baby's Birth Weight: _____

How many children do you have? _____

Is your husband/partner Active Duty? _____

Do you consider yourself socially isolated? _____

Is he currently deployed? _____

Did he help during your pregnancy? _____

Do you have any history of depression? _____

Have you ever received medication for depression? _____

Please mark 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.

- 0. As much as I always could
- 1. Not quite so much now
- 2. Definitely not so much now
- 3. Not at all

2. I have looked forward with enjoyment to things.

- 0. As much as I ever did
- 1. Rather less than I used to
- 2. Definitely less than I used to
- 3. Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 3. Yes, most of the time
- 2. Yes, some of the time
- 1. Not very often
- 0. No, never

4. I have been anxious or worried for no good reason.

- 0. No, not at all
- 1. Hardly ever
- 2. Yes, sometimes
- 3. Yes, very often

5. I have felt scared or panicky for no very good reason.

- 3. Yes, quite a lot
- 2. Yes, sometimes
- 1. No, not much
- 0. No, not at all

6. Things have been getting on top of me.

- 3. Yes, most of the time I haven't been able to cope at all
- 2. Yes, sometimes I haven't been coping as well as usual
- 1. No, most of the time I have coped quite well
- 0. No, I have been coping as well as ever

7. I have been so unhappy that I have difficulty sleeping.

- 3. Yes, most of the time
- 2. Yes, sometimes
- 1. Not very often
- 0. No, not at all

8. I have felt sad or miserable.

- 3. Yes, most of the time
- 2. Yes, quite often
- 1. Not very often
- 0. No, not at all

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

- 3. Yes, most of the time
- 2. Yes, quite often
- 1. Only occasionally
- 0. No, never

10. The thought of harming myself has occurred to me.

- 3. Yes, quite often
- 2. Sometimes
- 1. Hardly ever
- 0. Never

NB Visit _____, 2 week _____, 2 month _____, 4 month _____, 6 month _____

Score _____

Addressograph Information:

Baby's Last Name: _____ First _____

Mother's Last Name: _____ First _____

Family Member Prefix _____ Sponsor Social _____ - _____ - _____