



*Integrative Therapy of Greater Washington*

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## **PostPartum Depression Screening**

Please circle the answer that best describes how you have felt over the past seven (7) days.

**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 Not so much now
- 3 Not at all

**I have looked forward with enjoyment to things.**

- 0 As much as I ever did
- 1 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

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

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

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

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

**I have felt scared or panicky for no good reason.**

- 3 Yes, often
- 2 Yes, sometimes

- 1 No, not much
- 0 No, not at all

**Things have been too much for 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 well
- 0 No, I have been coping as well as ever

**I have been so unhappy that I have had difficulty sleeping.**

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

**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

**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

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

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

If you scored 12 or higher based on feelings from the last 7 days, a professional consultation is advised.

Based upon Cox, J.L, Holden, JM, and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150: 782-786