

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each page)

Perinatal Screening Survey

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

SCORE: _____

- NOB
- Trans OB
- 28-32 wks
- 2 wk well baby
- 6 wk PP
- 4Mo well baby
- 6Mo well baby
- Other

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
- 2 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 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

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

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

4. 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

5. 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

**Adapted from Edinburgh Postnatal Depression Scale

Survey declined at this time

6. 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

7. 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

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

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)