Perinatal depression screening prep

For the period from pregnancy through the first year after birth. Bring this to your OB, midwife, primary care doctor, or psychiatrist.

TIMING (CHECK ONE)

Pregnancy weeks ____ | 0-6 weeks postpartum | 6 weeks to 3 months | 3 to 6 months | 6 to 12 months | More than 12 months postpartum

MOOD IN THE PAST TWO WEEKS

For each item, note how often: never / a few days / more than half the days / nearly every day. Sad or empty. Anxious or on edge. Irritable or easily overwhelmed. Numb or disconnected from the baby. Guilty or like a bad parent.

PHYSICAL IN THE PAST TWO WEEKS

Sleep beyond what the baby needs (trouble falling asleep, waking early, cannot sleep when the baby sleeps, sleeping too much). Appetite (much less, much more, no change). Energy (low most days, some days, normal). Physical pain or symptoms without a clear cause.

THOUGHTS (CHECK WHAT FITS)

Thoughts of harming yourself. Thoughts of harming the baby. Intrusive images that scare you (thoughts you would never act on but cannot get out of your head). Thoughts the baby would be better off without you. Thoughts of running away.

BEHAVIOR IN THE PAST TWO WEEKS

Avoiding the baby or handing over caregiving more than you want to. Not doing basic self-care. Withdrawing from partner, family, or friends. Alcohol, cannabis, or other substance use starting or increasing.

EDUCATIONAL USE ONLY

For educational purposes only. This worksheet from DepressionResource.org is general education, not medical advice, diagnosis, or treatment, and using it does not create a doctor-patient relationship. It is not a substitute for care from a licensed clinician who knows your situation. Laws, standards, and health practices vary by location; it is your responsibility to check the rules of your jurisdiction and to adapt this material or create your own documents as needed. If you may be in danger or are thinking about suicide, call or text 988 in the US, or call 911 in an emergency.

Perinatal depression screening prep (2)

HISTORY (CHECK WHAT APPLIES)

Depression or anxiety before this pregnancy. Depression or anxiety during a previous pregnancy or postpartum period. Family history of depression, bipolar, or postpartum psychosis. Complications with this pregnancy, birth, or the baby. Limited or no support at home. Breastfeeding and want that considered in treatment decisions.

SCREENING (IF YOU KNOW YOUR SCORE)

Edinburgh Postnatal Depression Scale (EPDS): ____ PHQ-9: ____

SLEEP AND SUPPORT (IN AN AVERAGE 24 HOURS)

Hours of your own sleep (not counting time awake for the baby): ____ People you can call at 3am: ____

WHAT HAS HELPED, EVEN A LITTLE

WHAT IS YOUR BIGGEST WORRY RIGHT NOW (ONE SENTENCE)

WHAT YOU WANT OUT OF THIS VISIT (ONE SENTENCE)

URGENT

If you have thoughts of harming yourself or your baby, this is urgent. Call your OB or midwife today, call or text 988, or go to the nearest emergency department. Postpartum Support International is available 24 hours a day at 1-800-944-4773 (English and Spanish). Postpartum psychosis (rare) can present with confusion, delusions, or hallucinations and requires immediate care.

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