

RISK FACTORS FOR POSTPARTUM DEPRESSION

Please circle yes or no to the following questions.

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| 1. Have you felt more anxious or worried during this pregnancy than you usually do? | YES* | NO |
| 2. In the past, have you had changing emotions around the time of your menstrual periods? | YES* | NO |
| 3. Did you feel very depressed in the weeks or months following the birth of another child? (Skip if this is your first pregnancy.) | YES* | NO |
| 4. Do you generally feel in control of your life? | YES | NO |
| 5. Do you consider yourself a nervous person or one who worries a lot? | YES* | NO |
| 6. Do you have friends or family you can call for support or just to talk? | YES | NO |
| 7. Have you been feeling very depressed or low during this pregnancy? | YES* | NO |
| 8. Are you sorry you are pregnant and do you feel you do not want a child at this time? | YES* | NO |
| 9. Did you have an unhappy childhood? | YES* | NO |
| 10. Do you have financial, housing or other personal problems that worry you? | YES* | NO |
| 11. Have you had emotional problems in the past? | YES* | NO |
| 12. Have you ever been treated for a mental illness? | YES* | NO |
| 13. Do you often feel angry at your life situation or those around you? | YES* | NO |
| 14. When bad things happen to you, do you usually feel they are your fault? | YES* | NO |
| 15. Do you often feel unloved by your husband or boyfriend (the father of your baby)? | YES* | NO |

Add up the number of *YES

***This answer constitutes a risk factor**

Preliminary research findings suggest that a woman who had 3-6 risk factors should probably be considered at risk and with more than 6, at high risk.

If you still have questions about postpartum depression, contact a psychiatric health professional. If you're in the Good Samaritan Hospital service area, call 630-275-4436.