



Postpartum Depression Screening

I belong to the following network (please reference your Member ID to find this information)

Check One:

Magellan Behavioral Health Network

BCBSMA Behavioral Health (Personal Help Connection®)

Not in a BSBSMA Mental Health Network

It's important to know if you're facing postpartum depression. This survey can help you see if you are at risk.

IMPORTANT: If you have *immediate* concerns about your emotional well-being and would like to speak to a Crisis Services clinician, please call the following number anytime, 24 hours a day:

Instructions:

- Fill out survey below
- Your score will calculate automatically when all questions have been answered
- Look at the point ranges to find out what your score means
- Mail this form to the appropriate address, based on your mental health coverage

Please fill in the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

IN THE PAST 7 DAYS:

- | | |
|--|---|
| 1. I have been able to laugh and see the funny side of things
As much as I always could
Not quite so much now
Definitely not so much now
Not at all | 2. I have looked forward with enjoyment to things
As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all |
| 3. I blamed myself unnecessarily when things went wrong
Yes, most of the time
Yes, some of the time
Not very often
No, never | 4. I have been anxious or worried for no good reason
No, not at all
Hardly ever
Yes, sometimes
Yes, very often |
| 5. I have felt scared or panicky for no very good reason
Yes, quite a lot
Yes, sometimes
No, not much
No, not at all | 6. Most things bother me
Yes, most of the time I haven't been able to cope at all
Yes, sometimes I can't cope as well as usual
No, most of the time I have coped quite well
No, I have been coping as well as ever |
| 7. I have been so unhappy that I have had difficulty sleeping
Yes, most of the time
Yes, sometimes
Not very often
No, not at all | 8. I have felt sad or miserable
Yes, most of the time
Yes, quite often
Not very often
No, not at all |

Postpartum Depression Screening (continued)

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

Yes, most of the time

Yes, quite often

Only occasionally

No, never

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

Yes, quite often

Sometimes

Hardly ever

Never

Please refer to the point ranges below to see how you did.

Your Score:

If you scored between 1 and 12:

It does not appear that you need a referral for postpartum depression care at this time. However, if you think you need counseling, or have any questions about these results, please contact your doctor, clergy, or a counselor. It's important that you mail these results in, regardless of your score, to help you get the care you may need.

If you scored 13 or more:

Your answers to the questions show that you may have symptoms of postpartum depression, a condition that can often be treated with medication and/or counseling.

Please mail your completed survey to the address below as soon as possible. When we receive your score sheet, a case manager will contact you to assist with obtaining a referral to a specialist who treats postpartum depression. You may also wish to discuss these results with your doctor, clergy, or a counselor. If you are thinking about hurting yourself or your baby, please seek help immediately.

Please fill in the information below, print the form, and mail your completed survey to:

Name _____

City _____ Would you like a case manager to call you? Yes No

Phone number _____ Best time(s) to call _____ AM PM

It is OK to leave a message

Do not leave a message; speak to me directly

Thank you for completing this survey.