



HRSA-UIC Perinatal Depression Project:
Tool for Assessment of Stressors in
Depression during Pregnancy & Postpartum

Note to health care provider: This tool is a guide to assessing psychosocial stressors of patients with perinatal depression. It is intended for use as a supplement to the Primary Care Assessment Tool. It can be completed by a primary care health provider, a social worker or a case manager who is interviewing the patient.

1.  **(If pregnant) What was going on in your life when this began?**
 **(If postpartum) Besides having a baby, what else has been going on in your life?**

Identifiable triggering stress

No identifiable triggering stress

Note: Ask this follow-up question if it is unclear whether there was a triggering stress.

- 1a. Did anything happen or change just before all this started?**

Identifiable triggering stress

No identifiable triggering stress

- 2. What are the most stressful things going on in your life?**



Ongoing major stresses

No ongoing major stresses

- 3. Was your pregnancy planned?**

Yes

No

4.  **(If pregnant) How do you feel about being pregnant now?**
 **(If postpartum) How do you feel about having this baby now?**

Mostly happy

Mostly unhappy and/or ambivalent

- 5. Do you have financial problems that worry you more because of the baby?**

Yes



No

- 6. How do you feel about your relationship with the baby's father?**

Mostly good

Mostly troubled

Assessment of Stressors for Depression During Pregnancy and Postpartum

7.  **(If pregnant) How does the baby's father feel about you and your pregnancy?**
 **(If postpartum) How does the baby's father feel about you and the baby?**

Mostly good

Mostly troubled

8. **Has anyone physically hurt you recently?**

Yes

No

9. **Do you fear anyone might hurt you?**

Yes

No

10. **Have you been raped recently, or has someone had sex with you when you did not want to?**

Yes

No

11. **Has someone close to you died recently?**

Yes

No

Note: if the answer to this question is yes, rule out normal grieving as an explanation for depressive symptoms.

Social support:

12. **Who are the people you rely on for emotional support?**

Identifies support

Cannot identify support

13. **How satisfied are you with the emotional support they give you?**

Mostly satisfied

Mostly unsatisfied

14. **Do you feel comfortable telling them honestly when you feel sad or down?**

Yes

No

15. **Who will you be able to rely on for help with the baby?**

Identifies support

Cannot identify support

Assessment of Stressors for Depression During Pregnancy and Postpartum

Past history:

16. Have you ever felt like this before?

Yes

No

16a. (If yes):When was that?

Note: A history of 3 or more episodes suggests a 90% chance of recurrence.

16b. How long did it last?

At least 2 weeks

Less than 2 weeks

16c. Did it seem as though events in your life caused you to be depressed then?

Yes

No

16d. If so, what were the events?

Note: For some patients, the same types of stresses regularly trigger episodes.

17. Have you ever felt like this during a previous pregnancy, or just after giving birth?

Yes

No

Note: Some patients are especially vulnerable to peripartum episodes.

17a (if yes to 17). Did you ever get over your last episode of depression completely?

Yes

No

18. What has helped you to feel better when you were depressed in the past?

Note: for more than one prior episode, it may be helpful to use the attached Life Chart. This can reveal patterns (e.g. certain types of stress that trigger depressions, seasonal episodes, peripartum episodes) and can help keep track of prior treatment trials.

(For patients who have been prescribed antidepressant medication in the past):

19. Did you take the medication?

Yes

No

Assessment of Stressors for Depression During Pregnancy and Postpartum

19a. (If no): Why not?

19b. (If yes): What dose did you use?

Note: don't consider the patient to have had a therapeutic trial of a medication unless she took it at the maximum dose she could tolerate, within the usual range for that medication.

19c. How long did you take it?

Less than 6 weeks

At least 6 weeks

Note: a full therapeutic trial is at least 6 – 8 weeks.

19d. What effects did it have on you?

19e. (If she mentions side effects): Did it have any helpful effects?

Yes

No

19f. (If she mentions therapeutic effects): Did it have any side effects?

Yes

No

19g. Why did you stop taking it?

(For patients who have had psychotherapy in the past):

20. Was the therapy helpful?

Yes

No

21a. (If yes): What was helpful about it?

21b. (If no): What was the problem with it?

Family history:

22. Have any of your biological relatives ever had similar symptoms?

Yes

No

23. Have any of them had similar symptoms during pregnancy or shortly after giving birth?

Yes

No

Assessment of Stressors for Depression During Pregnancy and Postpartum

For guidance in treating patients with depression during pregnancy, and/or in preventing postpartum depression in women at high risk, you are welcome to call the HRSA/UIC Perinatal Consultation Service at **(800)573-6121**.