

Which Caregiver was involved? (Select one)

Date of Activity: _____ / _____ / _____

Program

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy (TPTCM)
- Kansas Connecting Communities

If MCH/M&I was selected, is this Edinburgh being provided to a mother during an MCH encounter for the child?

- Yes
- No

If yes, what is the client's primary healthcare coverage?

- None/Self Pay
- Private Insurance
- TRICARE
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not reported

If yes, what is the client's secondary healthcare coverage?

- None/Self Pay
- Private Insurance
- TRICARE
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not reported

If yes, what is the Household Size (number of people living in the household): _____

If yes, what is the Annual Household Income?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more
- Don't Know
- Refused

Edinburgh Screening

1. I have been able to laugh and see the funny side of things:

- As much as I always could
- Not quite so much
- Definitely not so much now
- Not at all

2. I have looked forward to things with enjoyment:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have 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
- Very often

5. I have felt scared or panicky for no good reason:

- Yes, quite a lot
- Yes sometimes
- No, not much
- No, not at all

6. Things have been getting to me:

- Yes most of the time I haven't been able to cope at all
- Yes sometimes I haven't been coping as well as usual
- No most of 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
- No 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

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

Total score: _____

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.

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If score is 10 or greater, this is an indication of likely suffering from a depressive condition of varying severity and warrants the need for compassionate conversation, closer attention, referral, and follow-up.

If client answers Yes, quite often or Sometimes to question 10, follow the crisis intervention algorithm provided in the "Mental Health Integration Tool Kit."

Programs Providing Follow-Up: (select all that apply)

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy Targeted Case Management (TPTCM)
- Kansas Connecting Communities (KCC)

Was a brief intervention provided?

- Yes
- No

If yes, what brief intervention was provided?

- Reviewed screening results
- Made clinical recommendations
- Provided education, community, and/or treatment resources
- Measured patient-motivation and/or readiness to change
- Reinforced self-efficacy
- Other **Specify other intervention:**

Why was a brief intervention not provided?

Was a referral provided?

- Yes
- No

What provider type was client referred to?

- Internal Mental Health Provider
- External Mental Health Provider – CMHC
- External Mental Health Provider – Private
- PCP
- OB/GYN
- Mental Health Provider
- Support Group
- Other

If other, specify: _____

Why was a referral not provided?

Was the client in crisis?

- Yes
- No

If client was in crisis, what action was taken?