Postpartum Support PHQ-9 Check in

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

SCORING: 0 (NOT AT ALL) | 1 (SEVERAL DAYS) | 2 (MORE THAN HALF THE DAYS) | 3 (NEARLY EVERY DAY)

		0	1	2	3
01	LITTLE INTEREST OR PLEASURE IN DOING THINGS	☐	☐	☐	☐
02	FEELING DOWN, DEPRESSED, OR HOPELESS	☐	☐	☐	☐
03	FEELING OVERWHELMED AS A MOTHER	☐	☐	☐	☐
04	FEELING LIKE YOU ARE NOT A “GOOD ENOUGH” MOM	☐	☐	☐	☐
05	FEELING TEARFUL FOR NO CLEAR REASON	☐	☐	☐	☐
06	TROUBLE SLEEPING EVEN WHEN BABY SLEEPS	☐	☐	☐	☐
07	LOW ENERGY BEYOND NORMAL NEWBORN FATIGUE	☐	☐	☐	☐
08	DIFFICULTY CONCENTRATING	☐	☐	☐	☐
09	THOUGHTS THAT YOU WOULD BE BETTER OFF NOT HERE	☐	☐	☐	☐

WHAT YOUR SCORE MEANS

0–4 ➡️ YOU ARE LIKELY ADJUSTING NORMALLY. KEEP MONITORING YOUR FEELINGS.
5–9 ➡️ MILD SYMPTOMS. EXTRA REST AND SUPPORT MAY HELP.
10–14 ➡️ MODERATE SYMPTOMS. CONSIDER SPEAKING WITH A HEALTHCARE PROVIDER.
15 OR HIGHER ➡️ STRONGLY RECOMMEND PROFESSIONAL SUPPORT.

🛑 EMERGENCY

IF YOU HAVE HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR OF HURTING YOURSELF IN SOME WAY, PLEASE STOP HERE AND CALL OR TEXT 988 (SUICIDE & CRISIS LIFELINE) OR 1-833-TLC-MAMA (MATERNAL MENTAL HEALTH HOTLINE). THESE RESOURCES ARE FREE, CONFIDENTIAL, AND AVAILABLE 24/7

Momkinz