

Perinatal Mood Assessment Questions

A positive assessment for any of the following indicators of PPD warrants further education and support, a physician's care, counseling, and/or psychiatric treatment, or hospitalization as appropriate (suicidality, severe dysfunction, etc.)

Problem	Questions
Worsening of Sleep Disturbances Despite Extreme Fatigue	Are you able to sleep when you are given the opportunity to do so? Any difficulty sleeping? Do you have nightmares? Does your mind race when you want to relax?
Continued Eating Problems	Have you had any changes in your appetite? What did you eat today? Have you had any weight loss or weight gain?
Intensity or Duration of Depressed Feelings or Irritability	Have you been experiencing any sadness or changing emotions? Do you cry frequently, or for no apparent reason? Are you having difficulty concentrating? Any physical problems? (Headaches, chest pain, shortness of breath, etc.) Are you experiencing more irritability or anger? Are you having a hard time continuing your daily activities?
Anxiety and/or Panic Attacks	Do you feel like you have had a higher level of anxiety? Any panic attacks? Have you developed any specific fears since the baby was born?
Faulty Interaction with the Baby	How is the baby doing? Do you feel comfortable in caring for the baby? Do you have an interest in the baby? Do you feel like you are bonding with the baby?
Lack of Support Network	Who is helping you at home? Do you have any other friends/family members that have babies of the same age? Are you getting out of the house with and without the baby? Is there anyone that can watch the baby while you take some time for yourself?

When a Patient is in Crisis and May Have Suicidal Feelings

1. Find out if she is alone.
2. Use a calm, reassuring voice.
3. Assess degree of risk: Ask about suicidal thoughts/plans directly
 - a. "Have you been feeling so down lately that you've been thinking of harming yourself?"
4. Assess resources, availability of significant others – proximity of helping resources.
5. Ask about previous successful coping strategies.
6. A suicidal person is searching for a strong, authoritative person to direct their emotional traffic. They are usually highly suggestible, likely to respond to voice of authority telling them what they must do.
7. If a patient is NOT in immediate danger, but you are concerned about them:
 - a. **Give 24 hour suicide hotline 1-800-273-TALK**
 - b. **Manchester Mental Health 24 hour emergency services 668-4111.**
8. If you feel a person is in immediate danger, try to obtain their location, address, phone, and find out what they plan to do. Call 911.

Verbal Warnings of Self-Harm/Suicide

"I wish I were dead."
"Living is useless."
"I hate my life, I hate everyone, and everything."
"I just can't go on any longer."
"Life has lost its meaning for me."
"No one needs me anymore."
"They would be better off without me."
"No one cares."
"If I don't see you again, thanks for your help."

Behavioral Signals of Self-Harm/Suicide

Giving away cherished objects.
Obtaining pills, weapons.
Making a plan, idea of how they would kill themselves.
Making a will.
Writing notes to loved ones.