POSTPARTUM DEPRESSION PREVALENCE, RISK FACTORS & INTERVENTIONS AMONG WOMEN IN PUNJAB, PAKISTAN.

Introduction

Postpartum Depression is a medical condition that females get after having a baby. It's a strong feeling of sadness, anxiety and tiredness that lasts for long time after delivery. It often starts within 3 to 4 weeks of delivery. It needs treatment to get better.

Please take a few minutes to fill out this survey on the overall status of your mental health. We value your feedback and your responses will be kept confidential. Thank you for your input.

Section 1: Socio-demographic Data

1. Age: ☐15-24 ☐25-32 ☐33-40
2. Marital Status: ☐Married ☐Separated ☐Divorced
3. Education: ☐Undermatric ☐Matric ☐Intermediate ☐Graduate
4. Employment status: ☐Student ☐Employed ☐Retired ☐Housewife

Section 2: Pregnancy and Postpartum Experience

5. How many children do you have?

.....

6. Gestational age at delivery:

.....

7. What was the mode of delivery?

Vaginal ☐ Cesarean Section ☐

Section 3: Postpartum Depression Screening

8. Overall how would you rate your physical health?

Excellent ☐ Good ☐ Poor ☐ Not sure ☐

9. Overall how would you rate your mental health?

Excellent ☐ Good ☐ Poor ☐ Not sure ☐

10. Have you felt particularly low or down for more than 2 weeks in a row?

Very often☐ somewhat often ☐ Not so often☐ Not at all☐

11. Are you able to enjoy some of the activities you used to enjoy before becoming a mother?

    Yes, I am still able to enjoy things ☐ No – I take part, but don't feel as if I'm really enjoying anything ☐ No, I just don't have the time ☐

12. Do you have frightening thoughts – for example about hurting yourself or your child?

    Yes ☐ Sometimes ☐ No ☐

13. During the past two weeks, how often has your mental health affected your relationships?

    Very often ☐ somewhat often ☐ Not so often ☐ Not at all ☐

14. Have you noticed any change in your diet habits?

    Yes, I eat too much ☐ Yes, I don't feel hungry ☐ Not much ☐ No change ☐

15. Onset of symptoms

    Before the birth ☐ After 2 to 3 weeks ☐ After 1 month ☐

16. Duration of symptoms

    Less than 1 month ☐ 1 month ☐ More than 1 month ☐

17. When did you last get your mental health examination done?

    Less than 6 months ago ☐ 6 months ago ☐ a year ago ☐

Section 4: Risk Factors

18. Is there a history of mental disorder in your family?

    Yes ☐ No ☐ Not sure

19. How many hours do you sleep per day?

    Less than 4 ☐ 4- 6 ☐ 7-9 ☐ 9+ ☐

20. Are you satisfied with your relationships and family?

    Yes ☐ Sometimes ☐ No ☐

21. Was the pregnancy unwanted or unplanned?

    Yes ☐ No ☐

22. Did you face any complications during pregnancy or birth?

    Yes ☐ No ☐

If "yes" then mention the complication

.....

23. Do you have any financial issues?

    Yes ☐ No ☐

24. Have you had professional help or treatment for these symptoms?

    Yes ☐ No ☐

25. Are you currently taking any medication for PPD?

    Yes ☐ No ☐

26. Do you have any previous anxiety symptoms?

    Yes ☐ No ☐

If "yes" then answer the following:

From how much time you are facing anxiety or depression?

.....

Are you using any medication? (Mention name)

.....

Section 5: Edinburgh Postnatal Depression Scale (EPDS)

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

27. 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 ☐

28. 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 ☐

29. I have blamed myself unnecessarily when things went wrong

No, never ☐Not very often☐Yes, some of the time☐Yes, most of the time ☐

30. I have been anxious or worried for no good reason

No, not at all ☐ Hardly ever ☐ Yes, sometimes ☐ Yes, very often ☐

31. I have felt scared or panicky for no very good reason

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

32. Things have been getting on top of me

No, I have been coping as well as ever ☐No, most of the time I have coped quite well ☐

Yes, sometimes I haven't been coping as well as usual ☐Yes, most of the time I haven't been able to cope at all ☐

33. I have been so unhappy that I have had difficulty sleeping

No, not at all ☐ Not very often ☐ Yes, sometimes ☐ Yes, most of the time ☐

34. I have felt sad or miserable

No, not at all ☐ Not very often ☐ Yes, quite ☐ Yes, most of the time ☐

35. I have been so unhappy that I have been crying

No, never ☐ only occasionally ☐ Yes, quite often ☐ Yes, most of the time ☐

36. The thought of harming myself has occurred to me

Never ☐ hardly ever ☐ Sometimes ☐ Yes, quite often ☐

Thank You…
