

## Government of Western Australia Department of Health

Name:	
DOB:	

Women and Newborn Health Service King Edward Memorial Hospital Western Australia Women's Health Care Clinical Care Unit (WHCCU) Department of Psychological Medicine

## Perinatal Anxiety Screening Scale (PASS)

□ ANTENATAL

POSTNATAL

DATE: .....

Weeks pregnant .....

Baby's age .....

**Over the past month, how often** have you experienced the following? Please tick the response that **most closely** describes your experience for **every** question.

	Not at all	Some times	Often	Almost Always
1. Worry about the baby/pregnancy	0	1	2	3
2. Fear that harm will come to the baby	0	1	2	3
3. A sense of dread that something bad is going to happen	0	1	2	3
4. Worry about many things	0	1	2	3
5. Worry about the future	0	1	2	3
6. Feeling overwhelmed	0	1	2	3
7. Really strong fears about things, eg needles, blood, birth, pain, etc	0	1	2	3
8. Sudden rushes of extreme fear or discomfort	0	1	2	3
9. Repetitive thoughts that are difficult to stop or control	0	1	2	3
10. Difficulty sleeping even when I have the chance to sleep	0	1	2	3
11. Having to do things in a certain way or order	0	1	2	3
12. Wanting things to be perfect	0	1	2	3
13. Needing to be in control of things	0	1	2	3
14. Difficulty stopping checking or doing things over and over	0	1	2	3
15. Feeling jumpy or easily startled	0	1	2	3
16. Concerns about repeated thoughts	0	1	2	3
17. Being 'on guard' or needing to watch out for things	0	1	2	3
18. Upset about repeated memories, dreams or nightmares	0	1	2	3
		Co	ntinued on	Back

	Not at all	Some times	Often	Almost Always
19. Worry that I will embarrass myself in front of others		1	2	3
20. Fear that others will judge me negatively		1	2	3
21. Feeling really uneasy in crowds		1	2	3
22. Avoiding social activities because I might be nervous		1	2	3
23. Avoiding things which concern me		1	2	3
24. Feeling detached like you're watching yourself in a movie		1	2	3
25. Losing track of time and can't remember what happened	0	1	2	3
26. Difficulty adjusting to recent changes	0	1	2	3
27. Anxiety getting in the way of being able to do things	0	1	2	3
28. Racing thoughts making it hard to concentrate	0	1	2	3
29. Fear of losing control	0	1	2	3
30. Feeling panicky	0	1	2	3
31. Feeling agitated	0	1	2	3
Global Score				

## **Reference:**

Somerville, S., Dedman, K., Hagan, R., Oxnam, E., Wettinger, M., Byrne, S., Coo, S., Doherty, D., Page, A.C. (2014).

The Perinatal Anxiety Screening Scale: development and preliminary validation. *Archives of Women's Mental Health*, DOI: 10.1007/s00737-014-0425-8

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