

APPENDICES 1–3

Appendix 1

Patient Health Questionnaire 2-item (PHQ-2)

(Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care* 2003;41:1284-92)

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Not at all	(0)
Several days	(1)
More than half the days	(2)
Nearly every day	(3)

2. Feeling down, depressed or hopeless

Not at all	(0)
Several days	(1)
More than half the days	(2)
Nearly every day	(3)

Interpretation :

- The authors have identified a score of 3 to be the optimal cut-off when using PHQ-2 to screen for major depression (or clinical depression)
- Patients who screen positive should be further evaluated and attended to accordingly.

Appendix 2

Edinburgh Postnatal Depression Scale (EPDS)

(Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry 1987;150:782-6)

1. I have been able to laugh and see the funny side of things in the past one week.

(0) As much as I always could

(1) Not quite so much now

(2) Definitely not so much now

(3) Not at all

2. I have looked forward with enjoyment to things in the past one week.

(0) As much as I ever did

(1) Rather less than I used to

(2) Definitely less than I used to

(3) Hardly at all

3. I have blamed myself unnecessarily when things went wrong in the past one week.

(0) No, never

(1) Not very often

(2) Yes, some of the time

(3) Yes, most of the time

4. I have been anxious or worried for no good reason in the past one week.

(0) No, not at all

(1) Hardly ever

(2) Yes, sometimes

(3) Yes, very often

5. I have felt scared or panicky for no very good reason in the past one week.

(0) No, not at all

(1) No, not much

(2) Yes, sometimes

(3) Yes, quite a lot

6. Things have been getting on top of me in the past one week.

(0) No, I have been coping as well as ever

(1) No, most of the time I have coped quite well

(2) Yes, sometimes I haven't been coping as well as usual

(3) Yes, most of the time I haven't been able to cope at all

7. I have been so unhappy that I have had difficulty sleeping in the past one week.

(0) No, not at all

(1) Not very often

(2) Yes, sometimes

(3) Yes, most of the time

8. I have felt sad or miserable in the past one week.

(0) No, not at all

(1) Not very often

(2) Yes, quite often

(3) Yes, most of the time

9. I have been so unhappy that I have been crying in the past one week.

(0) No, never

(1) Only occasionally

(2) Yes, quite often

(3) Yes, most of the time

10. I thought of harming myself has occurred to me in the past one week.

(0) Never

(1) Hardly ever

(2) Sometimes

(3) Yes, quite often

Screening is considered positive if one or more of the following is met:

- Total score 15 or more for antenatal depression
- Total score 13 or more for postnatal depression
- Item score of 1 or more on item 10

Appendix 3

Generalized Anxiety Disorder 2-item (GAD-2)

(Kroenke K, Spitzer RL, Williams JB, Mohana PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2006;146:317-325)

The brief General Anxiety Disorder 2-item (GAD-2) may be used to screen for symptoms of anxiety:

1. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?

Not at all	(0)
Several days	(1)
More than half the days	(2)
Nearly every day	(3)

2. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

Not at all	(0)
Several days	(1)
More than half the days	(2)
Nearly every day	(3)

Interpretation:

A score of 3 or more has been suggested to be suggestive of generalized anxiety, and further assessment is warranted.

*Please note that GAD-2 has not been validated in Singapore, and its psychometric properties as a screening tool for perinatal anxiety has not been strong.^{1,2} As such, the use of GAD-2 for public health screening is not yet clear, and a positive screen should be followed by assessment if clinically indicated.

1. Fairbrother N, Corbyn B, Thordarson DS, et al. Screening for perinatal anxiety disorders; Room to grow. *J Affect Disord* 2019;250:363-70.
2. Nath S, Ryan EG, Trevillion K, et al. Prevalence and identification of anxiety disorders in pregnancy: the diagnostic accuracy of the two-item Generalised Anxiety Disorder scale (GAD-2). *BMJ Open* 2018;8(9):e023766.