

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

Continued on Back

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

Department of Health, State of Western Australia (2013).

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The Perinatal Anxiety Screening Scale (PASS):

Administration, Scoring and Interpretation Guidelines

Somerville, S., Dedman, K., Hagan, R., Oxnam, E., Wettinger, M., Byrne, S., Coe, 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

Description of the Scale

The PASS is a valid and reliable 31-item self-report instrument designed to screen for problematic anxiety in antenatal and postpartum women. It differentiates between high and low risk for presenting with an anxiety disorder by measuring four domains that address specific symptoms of anxiety as they present in perinatal women. These domains form subscales which include: 1) Excessive Worry and Specific Fears, 2) Perfectionism, Control and Trauma, 3) Social Anxiety, and 4) Acute Anxiety and Adjustment. The PASS was validated for perinatal (i.e., pregnant or less than 1 year postpartum) women who are English-speaking, literate, and aged 18 years and older. The average time taken for respondents to complete the PASS is 6 minutes.

Administration and Scoring

The PASS is suitable for use by researchers and clinicians in a variety of settings to screen for problematic perinatal anxiety. Respondents self rate each of the four clusters of anxiety symptoms, indicating the frequency of the symptoms over the previous month. The items are on a scale ranging from 0 ("not at all") to 3 ("almost always"). Example scoring:

	Not at all	Some times	Often	Almost Always
1. Worry about the baby/pregnancy	0	1	2	3

Total Score

A total PASS score is obtained by adding all of the items on the PASS. A **cut-off score of 26** is recommended to differentiate between high and low risk for presenting with an anxiety disorder.

Recommended severity ranges:

Anxiety Severity	Range of scores
Asymptomatic	0 - 20
Mild-moderate symptoms	21 – 41
Severe symptoms	42 – 93

Subscales

Subscale items describe clusters of symptoms which are characteristic of various anxiety disorders. Raised item scores indicate risk of types of anxiety disorder presentations as indicated in the table below.

The PASS is **not** a diagnostic scale. However for clinical purposes it can be useful to have some indication of the nature of the anxiety symptoms being experienced.

In addition, the answers to **item 7** should be considered individually, as this item is a **clinical indicator of phobia**.