



**BLOOM**  
FOUNDATION

**BLOOM ASSESSMENT *for***  
**PERINATAL ANXIETY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Baby's Date of Birth ***or*** Estimated Due Date: \_\_\_\_\_

Phone: \_\_\_\_\_

***\*Please know you can feel safe answering the following questions honestly\****

1. I feel anxious.
  1. always
  2. sometimes
  3. never
2. I have trouble falling asleep or staying asleep.
  1. always
  2. sometimes
  3. never
3. I feel overwhelmed.
  1. always
  2. sometimes
  3. never
4. I have scary/intrusive/unwanted thoughts.
  1. always
  2. sometimes
  3. never
5. I have been experiencing panic.
  1. always
  2. sometimes
  3. never
6. I feel sad *and/or* have been crying.
  1. always
  2. sometimes
  3. never
7. I feel like a failure as a mother *and/or* this was a mistake.
  1. always
  2. sometimes
  3. never
8. I "want" my old life back.
  1. always
  2. sometimes
  3. never
9. I am experiencing feelings of anger, rage *and/or* irritability.
  1. always
  2. sometimes
  3. never
10. I have been experiencing suicidal thoughts.
  1. always
  2. sometimes
  3. never



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**Administered/Reviewed BY:** \_\_\_\_\_

**BAPA Screening Result:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Bloom Assessment for Perinatal Anxiety (BAPA)**

Perinatal Mood and Anxiety Disorders are the most common complication of childbirth, affecting approximately 20% of pregnant and new mothers. This illness is temporary and treatable when detected. Anxiety represents the predominant symptom in nearly 8 out of 10 women. This assessment (BAPA) can assist in uncovering what pregnant/new moms are feeling. This assessment should be done in conjunction with a clinical assessment to assist in diagnosis and appropriate treatment plan.

### **Instructions for using the BAPA:**

1. Assure patient that it is safe to answer all questions honestly.
2. All 10 questions should be answered.
3. Patient should be directed to answer with response that comes closest to how she has been feeling.

### **Scoring:**

Always = 3 points

Sometimes = 2 points

Never = 0 points

**Maximum Score = 30**

Higher scores may indicate increased anxiety - when used with clinical assessment for proper diagnosis.

Always assess and review patients answer to Question 10 (suicidal thoughts). For any answer other than *NEVER* - clinician needs to assess thoughts vs. plan, and note discussed.