

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please tell me any concerns, questions, problems you have about the way your child is behaving, developing/growth and/or learning:

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**DEVELOPMENTAL QUESTIONS AND OBSERVATIONS**

- YES  NO My baby looks at me and listens to my voice.
- YES  NO My baby calms down when picked up.
- YES  NO My baby is sleeping well.
- YES  NO My baby is eating well, sucking well.
- YES  NO My baby can hear sounds.
- YES  NO My baby looks at my face.

**DEVELOPMENTAL MILESTONES**

**INFANT DEVELOPMENT**

- YES  NO Infant responds to soothing
- YES  NO Infant listens to voices
- YES  NO Infant fixates on human face, follows with eyes
- YES  NO Lifts head momentarily
- YES  NO Moves arms, legs and head equally
- YES  NO Startles to sound
- YES  NO Startles to sound
- YES  NO Grasp reflex
- YES  NO Suck reflex
- YES  NO Head up prone-pushes chest
- YES  NO Good stream (*male*)

**TUBERCULOSIS**

Was your child born in a country at high risk for tuberculosis (*countries other than the United States, Canada, Australia, New Zealand or Western Europe*)?

YES  NO

Has your child traveled (*had contact with resident populations*) for longer than one (1) week to a country at high risk for tuberculosis?

YES  NO

Has a family member or contact had tuberculosis or a positive tuberculin skins test?

YES  NO

Is your child infected with HIV?

YES  NO

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## POST-PARTUM DEPRESSION SCREEN

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Society tells us that having a baby should be a happy, exciting and joyous time. However, for 15-20% of new moms, that isn't the case. We care about you and how you are feeling! Please check the responses below that come closest to how you have felt in the **past 7 days** (*not just today*). Please do not skip any questions and be sure to answer the questions on your own and without the input of others.

**1. 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

**2. 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

**3. I have blamed myself unnecessarily when things went wrong.**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, never

**4. I have been anxious or worried for no good reason**

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

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

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

**6. Things have been getting on top of me.**

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped well
- No, I have been coping as well as ever

**7. I have been so unhappy that I have had difficulty sleeping**

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

**8. I have felt sad or miserable.**

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

**9. I have been so unhappy that I have been crying**

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

**10. The thought of harming myself has occurred to me.**

- Yes, quite often
- Sometimes
- Only occasionally
- Never