

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:

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 Coos and vocalizes reciprocally
- YES NO Smiles responsively
- YES NO Follows to midline
- YES NO Is attentive to voices, sounds, visual stimuli
- YES NO Some head control in upright position
- YES NO Has different types of cries
- YES NO Moves both arms and legs together
- YES NO Brings hands to mouth

Additional comments:

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