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1-6 Month Old Pre-Visit Survey

Who lives with your child?

Has your child seen a specialist or visited an emergency room since the last check up? If yes, please describe.	Yes	No
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Does anyone in your household use tobacco? If yes, would you like information on quitting?	Yes	No
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Are there any significant stresses (financial, employment, relationship, health or other) at home? Please explain (if you would like).	Yes	No
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Do you feel safe in your own home?	No	Yes
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Do you have any other questions or concerns for today's visit? Please use the space below.

Your Health = Your Baby's Health

Postpartum depression and anxiety affect about 10% of mothers anytime in the 1st year following the birth of a baby. While sadness and depression may be present, the most common symptom is generalized anxiety. **Partners often recognize symptoms before the mother does!** Westwood-Mansfield Pediatrics strives to be proactive in your child's care – please take a few minutes to fill out this screening.

Edinburgh Postnatal Depression Scale

As you have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

In the past 7 days:

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, some of the time
- 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 quite 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
- Hardly ever
- Never

Your Baby's Name: _____ Your Name: _____

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199