

CHILD'S NAME: _____ DOB: _____ DATE: _____

COMMUNICATION

	YES	SOMETIMES	NOT YET
1. When you speak to your baby, do they make sounds back to you?	_____	_____	_____
2. Does your baby smile when you talk to them?	_____	_____	_____
3. Does your baby sometimes make throaty or gurgling sounds?	_____	_____	_____
4. Does your baby make cooing sounds such as "gah," "ooh," and "aah"?	_____	_____	_____
5. After you have been out of sight, does your baby get excited or smile when they see you?	_____	_____	_____
6. Does your baby chuckle softly?	_____	_____	_____

COMMUNICATION TOTAL: _____

GROSS MOTOR

	YES	SOMETIMES	NOT YET
1. When your baby is on their tummy, do they turn their head side to side?	_____	_____	_____
2. While your baby is on their back, do they wave their arms and legs, squirm and wiggle?	_____	_____	_____
3. When your baby is on their back, do they kick their legs?	_____	_____	_____
4. When your baby is on their belly, do they hold their head up for longer than a few seconds?	_____	_____	_____
5. After holding their head up while on their belly, does your baby lay their head down on the floor gently?	_____	_____	_____
6. While your baby is on their back, do they move their head from side to side?	_____	_____	_____

GROSS MOTOR TOTAL: _____

FINE MOTOR

	YES	SOMETIMES	NOT YET
1. Does your baby touch their face with their hands?	_____	_____	_____
2. Does your baby grasp your finger if you touch the palm of their hand?	_____	_____	_____
3. When you put a toy in their hand, does your baby hold it briefly?	_____	_____	_____
4. Is your baby's hand usually tightly closed when they are awake?	_____	_____	_____

- | | | | |
|--|-------|-------|-------|
| 5. Does your baby grab or scratch at their clothes? | _____ | _____ | _____ |
| 6. Does your baby hold their hand open or partly open when they are awake? | _____ | _____ | _____ |

FINE MOTOR TOTAL: _____

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET |
|--|-------|-----------|---------|
| 1. Does your baby look at objects that are 8-10 inches away? | _____ | _____ | _____ |
| 2. When you move a toy slowly from side to side in front of your baby's face, do they follow the toy with their eyes, sometimes turning their head? | _____ | _____ | _____ |
| 3. When you move a small toy up and down slowly approximately 10 inches from your baby's face, do they follow the toy with their eyes, sometimes turning their head? | _____ | _____ | _____ |
| 4. When you move around, does your baby follow you with their eyes? | _____ | _____ | _____ |
| 5. When you dangle a toy above your baby while they are lying on their back, do they wave their arms toward the toy? | _____ | _____ | _____ |
| 6. When you hold your baby in a sitting position, do they look at a toy that you place on a table or floor in front of them? | _____ | _____ | _____ |

PROBLEM SOLVING TOTAL: _____

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET |
|---|-------|-----------|---------|
| 1. Does your baby cry when they are hungry, tired, wet or wants to be held? | _____ | _____ | _____ |
| 2. Does your baby watch their hands? | _____ | _____ | _____ |
| 3. Does your baby sometimes try to suck, even when they are not feeding? | _____ | _____ | _____ |
| 4. When your baby sees the breast or bottle, do they seem to know they are about to be fed? | _____ | _____ | _____ |
| 5. When you smile at your baby, do they smile back? | _____ | _____ | _____ |
| 6. Does your baby smile at you? | _____ | _____ | _____ |

PERSONAL-SOCIAL TOTAL: _____

Edinburgh Postnatal Depression Scale¹ (EPDS)

Your Name: _____

Baby's Name: _____

Baby's Date of Birth: _____

As you are pregnant or 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.

Here is an example, already completed.

I have felt happy:

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

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

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

6. Things have been getting on top of me

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

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

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

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

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

8. I have felt sad or miserable

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

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

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

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

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

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

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

10. The thought of harming myself has occurred to me

- Never
- Hardly ever
- Sometimes
- Yes, quite often

Administered/Reviewed by _____ Date _____

¹Source: 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.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199