Name: _____ DOB: _____ Date: _____

# 6 Months (5 months 0 days through 6 month 30 days)

## COMMUNICATION

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your baby make high-pitched squeals? | ○ | ○ | ○ | ___ |
| 2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds? | ○ | ○ | ○ | ___ |
| 3. If you call your baby when you are out of sight, does she look in the direction of your voice? | ○ | ○ | ○ | ___ |
| 4. When a loud noise occurs, does your baby turn to see where the sound came from? | ○ | ○ | ○ | ___ |
| 5. Does your baby make sounds like "da," "ga," "ka," and "ba"? | ○ | ○ | ○ | ___ |
| 6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? | ○ | ○ | ○ | ___ |

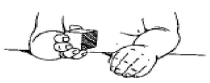
COMMUNICATION TOTAL ___

## GROSS MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. While your baby is on his back, does your baby lift his legs high enough to see his feet? | ○ | ○ | ○ | ___ |
| 2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor? | ○ | ○ | ○ | ___ |
| 3. Does your baby roll from his back to his tummy, getting both arms out from under him? | ○ | ○ | ○ | ___ |
| 4. When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark "yes" for this item.)*  | ○ | ○ | ○ | ___ |
| 5. If you hold both hands just to balance your baby, does he support his own weight while standing? | ○ | ○ | ○ | ___ |
| 6. Does your baby get into a crawling position by getting up on her hands and knees? | ○ | ○ | ○ | ___ |

GROSS MOTOR TOTAL ___

## FINE MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute? | ○ | ○ | ○ | ___ |
| 2. Does your baby reach for or grasp a toy using both hands at once? | ○ | ○ | ○ | ___ |
| 3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? *(If he already picks up a small object the size of a pea, mark "yes" for this item.)*  | ○ | ○ | ○ | ___ |
| 4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?  | ○ | ○ | ○ | ___ |
| 5. Does your baby *try* to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? *(If he already picks up the crumb or Cheerio, mark "yes" for this item.)*  | ○ | ○ | ○ | ___ |
| 6. Does your baby pick up a small toy with only one hand?  | ○ | ○ | ○ | ___ |

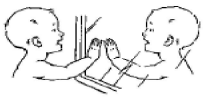
FINE MOTOR TOTAL ___

## PROBLEM SOLVING

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. When a toy is in front of your baby, does she reach for it with both hands? | ○ | ○ | ○ | ___ |
| 2. When your baby is on his back, does he turn his head to look for a toy when he drops it? *(If he already picks it up, mark "yes" for this item.)* | ○ | ○ | ○ | ___ |
| 3. When your baby is on her back, does she try to get a toy she has dropped if she can see it? | ○ | ○ | ○ | ___ |
| 4. Does your baby pick up a toy and put it in his mouth?  | ○ | ○ | ○ | ___ |
| 5. Does your baby pass a toy back and forth from one hand to the other?  | ○ | ○ | ○ | ___ |
| 6. Does your baby play by banging a toy up and down on the floor or table?  | ○ | ○ | ○ | ___ |

PROBLEM SOLVING TOTAL ___

## PERSONAL-SOCIAL

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. When in front of a large mirror, does your baby smile or coo at herself?  | ○ | ○ | ○ | ___ |
| 2. Does your baby act differently toward strangers than he does with you and other familiar people? *(Reactions to strangers may include staring, frowning, withdrawing, or crying.)* | ○ | ○ | ○ | ___ |
| 3. While lying on her back, does your baby play by grabbing her foot?  | ○ | ○ | ○ | ___ |
| 4. When in front of a large mirror, does your baby reach out to pat the mirror?  | ○ | ○ | ○ | ___ |
| 5. While your baby is on his back, does he put his foot in his mouth?  | ○ | ○ | ○ | ___ |
| 6. Does your baby try to get a toy that is out of reach? *(She may roll, pivot on her tummy, or crawl to get it.)* | ○ | ○ | ○ | ___ |

PERSONAL-SOCIAL TOTAL ___

**SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Communication | 29.65 | | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Gross Motor | 22.25 | | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Fine Motor | 25.14 | | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Problem Solving | 27.72 | | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Personal-Social | 25.34 | | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

# Edinburgh Postnatal Depression Scale (EPDS)

**Patient Name:** _____ **Patient DOB:** _____

**Mother's name:** _____ **Date:** _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** (✔) on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today.* Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score.*

*Below is an example already completed.*

I have felt happy:
Yes, all of the time ____ (0)
Yes, most of the time ✔ (1)
No, not very often ____ (2)
No, not at all ____ (3)

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

1. I have been able to laugh and see the funny side of things:
   As much as I always could ____ (0)
   Not quite so much now ____ (1)
   Definitely not so much now ____ (2)
   Not at all ____ (3)

2. I have looked forward with enjoyment to things:
   As much as I ever did ____ (0)
   Rather less than I used to ____ (1)
   Definitely less than I used to ____ (2)
   Hardly at all ____ (3)

3. I have blamed myself unnecessarily when things went wrong:
   Yes, most of the time ____ (3)
   Yes, some of the time ____ (2)
   Not very often ____ (1)
   No, never ____ (0)

4. I have been anxious or worried for no good reason:
   No, not at all ____ (0)
   Hardly ever ____ (1)
   Yes, sometimes ____ (2)
   Yes, very often ____ (3)

5. I have felt scared or panicky for no good reason:
   Yes, quite a lot ____ (3)
   Yes, sometimes ____ (2)
   No, not much ____ (1)
   No, not at all ____ (0)

6. Things have been getting to me:
   Yes, most of the time I haven't been able to cope at all ____ (3)
   Yes, sometimes I haven't been coping as well as usual ____ (2)
   No, most of the time I have coped quite well ____ (1)
   No, I have been coping as well as ever ____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
   Yes, most of the time ____ (3)
   Yes, sometimes ____ (2)
   No, not very often ____ (1)
   No, not at all ____ (0)

8. I have felt sad or miserable:
   Yes, most of the time ____ (3)
   Yes, quite often ____ (2)
   Not very often ____ (1)
   No, not at all ____ (0)

9. I have been so unhappy that I have been crying:
   Yes, most of the time ____ (3)
   Yes, quite often ____ (2)
   Only occasionally ____ (1)
   No, never ____ (0)

10. The thought of harming myself has occurred to me:*
    Yes, quite often ____ (3)
    Sometimes ____ (2)
    Hardly ever ____ (1)
    Never ____ (0)

**TOTAL YOUR SCORE HERE ▶**

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by:

_____

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.

# Escala Edinburgh para la Depresión Postnatal (Spanish Version)

**Nombre de Paciente:** _____ **Fecha de nacimiento:** _____

**Nombre de mama:** _____ **Fecha:** _____

Como usted está embarazada o hace poco que tuvo un bebé, nos gustaría saber como se siente actualmente. Por favor MARQUE (√) la respuesta que más se acerca a como se ha sentido durante LOS ÚLTIMOS 7 DÍAS y no sólo como se ha sentido hoy.

*A continuación se muestra un ejemplo completado:*

Me he sentido feliz:
Sí, todo el tiempo ___ 0
Sí, la mayor parte del tiempo ✔ 1
No, no muy a menudo ___ 2
No, en absoluto ___ 3

*Esto significa: "Me he sentido feliz la mayor parte del tiempo" durante la última semana. Por favor complete las otras preguntas de la misma manera.*

1. He podido reír y ver el lado bueno de las cosas:
   Tanto como siempre he podido hacerlo ___ 0
   No tanto ahora ___ 1
   Sin duda, mucho menos ahora ___ 2
   No, en absoluto ___ 3

2. He mirado al futuro con placer para hacer cosas:
   Tanto como siempre ___ 0
   Algo menos de lo que solía hacerlo ___ 1
   Definitivamente menos de lo que solía hacerlo ___ 2
   Prácticamente nunca ___ 3

3. Me he culpado sin necesidad cuando las cosas marchaban mal:
   Sí, casi siempre ___ 3
   Sí, algunas veces ___ 2
   No muy a menudo ___ 1
   No, nunca ___ 0

4. He estado ansiosa y preocupada sin motivo alguno:
   No, en absoluto ___ 0
   Casi nada ___ 1
   Sí, a veces ___ 2
   Sí, muy a menudo ___ 3

5. He sentido miedo o pánico sin motivo alguno:
   Sí, bastante ___ 3
   Sí, a veces ___ 2
   No, no mucho ___ 1
   No, en absoluto ___ 0

6. Las cosas me oprimen o agobian:
   Sí, la mayor parte del tiempo no he podido sobrellevarlas ___ 3
   Sí, a veces no he podido sobrellevarlas de la manera ___ 2
   No, la mayoría de las veces he podido sobrellevarlas bastante bien ___ 1
   No, he podido sobrellevarlas tan bien como lo hecho siempre ___ 0

7. Me he sentido tan infeliz, que he tenido dificultad para dormir:
   Sí, casi siempre ___ 3
   Sí, a veces ___ 2
   No muy a menudo ___ 1
   No, en absoluto ___ 0

8. Me he sentido triste y desgraciada:
   Sí, casi siempre ___ 3
   Sí, bastante a menudo ___ 2
   No muy a menudo ___ 1
   No, en absoluto ___ 0

9. Me he sentido tan infeliz que he estado llorando:
   Sí, casi siempre ___ 3
   Sí, bastante a menudo ___ 2
   Ocasionalmente ___ 1
   No, nunca ___ 0

10. He pensado en hacerme daño:
    Sí, bastante a menudo ___ 3
    A veces ___ 2
    Casi nunca ___ 1
    No, nunca ___ 0

Total Score: _____

Consentimiento verbal para contacto arriba mencionado MD presenciada por:

_____

Edinburgh Postnatal Depression Scale (EPDS). Texto adaptado del *British Journal of Psychiatry*, Junio, 1987, vol. 150 por J.L. Cox, J.M. Holden, R. Segovsky.