



PEDIATRIC HEALTHCARE ASSOCIATES

Dear Caregiver / Patient,

Welcome to Pediatric Healthcare Associates! It is our pleasure to welcome you and your family to our practice and thank you for allowing us to take care of your children.

Please complete and bring the following forms with you to your child's next well exam appointment:

- Tuberculosis Risk Assessment** (completed at all well exams starting at 1 month of age)
- Edinburgh Postnatal Depression Screening**

The **Edinburgh Postnatal Depression Screening** is designed to identify parents who may be experiencing symptoms of postpartum depression.

Thank you,

Your Care Team at PHA

Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Patient Name: _____ DOB: _____

Mother's Name: _____

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, please 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 questions below 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)
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)

To Be Completed by PHA Office

TOTAL SCORE HERE ▷ _____

Tuberculosis Risk-Assessment Questionnaire

1. Was this child born in a country other than the United States? YES NO

If yes, where was he/she born and when did they come to the U.S.?

2. Was this child's mother or father born in a country other than the United States? YES NO

If yes, where were they born and when did they come to the U.S.?

3. Has this child traveled to another country since their last physical exam? YES NO

If yes, where did he/she travel? _____

With whom did he/she stay? Friends / Relatives Hotel

Were they there for one month or more? YES NO

4. Has this child been exposed to anyone with tuberculosis or a positive TB skin test since his/her last physical exam? YES NO