



**tcmhcc**  
Texas Child Mental  
Health Care Consortium

**PeriPAN**  
Perinatal Psychiatry  
Access Network

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# PATIENT PACKET 1

## Screening for Mood Changes During Pregnancy and After Giving Birth

- » Mood changes are very common during pregnancy and after giving birth. 80% of women experience baby blues after delivery.
- » 1 in 5 women have depression, anxiety, or distressing thoughts during pregnancy and in the year after giving birth. They can affect your health and your baby's health.
- » If you are having mood changes, getting help is the best thing you can do for yourself, your baby, and your family. You are not alone. We can help.
- » Because mood changes are common and are important to your health, we are going to be asking about them. And because they can happen at any time during pregnancy and after giving birth, we will ask you some of the same questions again at future visits.
- » **Please complete the following questionnaires, all questions and sections.** Your answers will help us understand what you are experiencing and figure out how to help you.

TURN PAGE TO GET STARTED →

Your Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For staff use only - EPDS version: initial mid postpartum

Please circle one of the four answers that comes closest to how you have felt in the past 7 days, not just how you feel today.

**PART A**  
**EPDS**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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
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
	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
I have blamed myself unnecessarily when things went wrong	Yes, most of the time	Yes, some of the time	Not very often	No never
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
I have been anxious or worried for no good reason*	No, not at all	Hardly ever	Yes, sometimes	Yes, very often
	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
I have felt scared or panicky for no good reason	Yes, quite a lot	Yes, sometimes	No, not much	No, not at all
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
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
I have felt sad or miserable	Yes, most of the time	Yes, quite often	Not very often	No, not at all
I have been so unhappy that I have been crying	Yes, most of the time	Yes, quite often	Only occasionally	No, never
<b>The thought of harming myself has occurred to me</b>	Yes, quite often	Sometimes	Hardly ever	Never

Please continue to Part B (next page)

\*Please note the numbers are in reverse order for scoring purposes.

Your Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Keep going...****Over the past 2 weeks, how often have you been bothered by any of the following problems? Circle one of the four answers.****PART B  
GAD-7**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Feeling nervous, anxious or on edge</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Not being able to stop or control worrying</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Worrying too much about different things</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Trouble relaxing</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Being so restless that it is hard to sit still</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Becoming easily annoyed or irritable</b>	Not at all	Several days	More than half the days	Nearly every day
<b>Feeling afraid, as if something awful might happen</b>	Not at all	Several days	More than half the days	Nearly every day
<b><u>If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?</u></b>	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Please continue to Part C (next page)

Your Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle the letter that indicates your answer to the following questions:		PART C MDQ	
	NO	YES	
Has there ever been a period of time <b>in your life</b> when you were <b>not your usual self</b> and...			
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y	
...you were so irritable that you shouted at people or started fights or arguments?	N	Y	
...you felt much more self-confident than usual?	N	Y	
...you got much less sleep than usual and found you didn't really miss it?	N	Y	
...you were much more talkative or spoke much faster than usual?	N	Y	
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y	
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y	
...you had much more energy than usual?	N	Y	
...you were much more active or did many more things than usual?	N	Y	
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y	
...you were much more interested in sex than usual?	N	Y	
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y	
...spending money got you or your family into trouble?	N	Y	
Circle the letter that indicates your answer the following two questions:			
If you checked <b>YES</b> to more than one of the above, have several of these ever happened during the same period of time?	N	Y	
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y	

Please continue to Part D (next page)

Your Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Keep Going...**

**PART D  
PC PTSD-5**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- » A serious accident or fire
- » A physical or sexual assault or abuse
- » An earthquake or flood
- » A war
- » Seeing someone be killed or seriously injured
- » Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? Please circle the response that indicates your answer:	NO	YES
If NO, you are finished. If YES, please continue.		
In the past month, have you...		
...had nightmares about the event(s) or thought about the event(s) when you did not want to?	NO	YES
...tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	NO	YES
...been constantly on guard, watchful, or easily startled?	NO	YES
...felt numb or detached from people, activities, or your surroundings?	NO	YES
...felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	NO	YES

**Thank you. We are glad you took the time to complete this questionnaire.**