



**tcmhcc**  
Texas Child Mental  
Health Care Consortium

**PeriPAN**  
Perinatal Psychiatry  
Access Network

Page 1 of 5

# PATIENT PACKET 2

## 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 most closely indicates:  
Over the last 2 weeks, how often have you been bothered by any of the following:

**PART A**  
**PHQ-9**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Little interest or pleasure in doing things?	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, or hopeless?	Not at all	Several days	More than half the days	Nearly every day
Trouble falling or staying asleep, or sleeping too much?	Not at all	Several days	More than half the days	Nearly every day
Feeling tired or having little energy?	Not at all	Several days	More than half the days	Nearly every day
Poor appetite or overeating?	Not at all	Several days	More than half the days	Nearly every day
Feeling bad about yourself or that you are a failure or have let yourself or your family down?	Not at all	Several days	More than half the days	Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all	Several days	More than half the days	Nearly every day
Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?	Not at all	Several days	More than half the days	Nearly every day
Thoughts that you would be better off dead, or of hurting yourself?	Not at all	Several days	More than half the days	Nearly every day

Please continue to Part B (next page)

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