



ABC Pediatrics

Two Month Pre-visit Questionnaire

Patient Name _____ Date _____

Bathes: (every other day) (daily)

Feeding Routine (circle one): Breast feeding Bottle Feeding Both

Formula: _____ Ounces per feeding? _____ Every how many hours? _____

of stools Daily _____ # of voids Daily _____ # of hours sleeping at ONE time _____

Over the past 2 weeks have you felt depressed, hopeless, or felt like you've lost interest in doing things? _____

Have there been any major changes in your family recently other than your baby's birth?


Developmental Milestones (circle all that apply)

- Vocalizes with simple cooing Smiles responsively Lifts head and chest in prone Opens and shuts hands

Any other questions or concerns you would like to discuss?

For Office Use Only

Weight: _____ Height: _____ HC: _____ Temp: _____

Please Turn Over 

Edinburgh Postnatal Depression Scale (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

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 This would mean: 'I have felt happy most of the time' during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things

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

3. I have blamed myself unnecessarily when things went wrong

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

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

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

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

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

6. 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've coped quite well
- No, I have been coping as well as ever

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

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

8. I have felt sad or miserable

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

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

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

10. The thought of harming myself has occurred to me

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