Parent Questions for Children Ages 0 through 8 months

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

Please complete both sides of this form.

MaineHealth

EMOTIONAL CHANGES WITH A NEW BABY

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

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

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

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

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

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

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

7. I have been so unhappy that I have had difficulty sleeping*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Not very often
   - ⓪ No, not at all

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

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

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

Please complete both sides of this form.

Please note, the * is there to notify you of a change in the scoring scale.

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786

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Parent Questions for Children Ages 9 months through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

MaineHealth

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
3. My child feels grouchy, angry or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2

* UCLA-PTSD Reaction Index, Parent Screening Version (Ropert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)