

## Edinburgh Depression Scale (EDS)

Please fill out the bubble for the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

### In the past 7 days:

- |  |  |
|--|--|
| 1. I have been able to laugh and see the funny side of things. | 2. I have looked forward with enjoyment to things.                             |
| <input type="radio"/> As much as I always could                | <input type="radio"/> As much as I ever could                                  |
| <input type="radio"/> Not quite so much now                    | <input type="radio"/> Rather less than I used to                               |
| <input type="radio"/> Definitely not so much now               | <input type="radio"/> Definitely less than I used to                           |
| <input type="radio"/> Not at all                               | <input type="radio"/> Hardly at all  |
| 3. I have blamed myself unnecessarily when things went wrong.  | 4. I have been anxious or worried for no good reason.                          |
| <input type="radio"/> Yes, most of the time                    | <input type="radio"/> No, not at all   |
| <input type="radio"/> Yes, some of the time                    | <input type="radio"/> Hardly ever  |
| <input type="radio"/> Not very often                           | <input type="radio"/> Yes, sometimes   |
| <input type="radio"/> No, never                                | <input type="radio"/> Yes, very often  |
| 5. I have felt scared or panicky for no very good reason.      | 6. Things have been getting on top of me (feeling overwhelmed).                |
| <input type="radio"/> Yes, Quite a lot                         | <input type="radio"/> Yes, most of the time I haven't been able to cope at all |
| <input type="radio"/> Yes, sometimes                           | <input type="radio"/> Yes, sometimes I haven't been coping as well as usual    |
| <input type="radio"/> No, not much                             | <input type="radio"/> No, most of the time I have coped quite well             |
| <input type="radio"/> No, not at all                           | <input type="radio"/> No, I have been coping as well as ever                   |
| 7. I have been so unhappy that I have had difficulty sleeping. | 8. I have felt sad or miserable.   |
| <input type="radio"/> Yes, most of the time                    | <input type="radio"/> Yes, most of the time                                    |
| <input type="radio"/> Yes, sometimes                           | <input type="radio"/> Yes, quite often   |
| <input type="radio"/> Not very often                           | <input type="radio"/> Not very often   |
| <input type="radio"/> No, not at all                           | <input type="radio"/> No, not at all   |
| 9. I have been so unhappy that I have been crying.             | 10. The thought of harming myself has occurred to me.                          |
| <input type="radio"/> Yes, most of the time                    | <input type="radio"/> Yes, quite often   |
| <input type="radio"/> Yes, quite often                         | <input type="radio"/> Sometimes  |
| <input type="radio"/> Only occasionally                        | <input type="radio"/> Hardly ever  |
| <input type="radio"/> No, never                                | <input type="radio"/> Never  |

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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## SCL-90R

Below is a list of problems people sometimes have. Please read each one carefully, and check the answer that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Do not skip any items.

### In the past 7 days:

Not at all	A little bit	Moderately	Quite a bit	Extremely	How much were you distressed by:
<input type="radio"/>	1. Nervousness or shakiness inside				
<input type="radio"/>	2. Feeling critical of others				
<input type="radio"/>	3. Trouble remembering things				
<input type="radio"/>	4. Feeling low in energy or slowed down				
<input type="radio"/>	5. Trembling				
<input type="radio"/>	6. Feeling that most people cannot be trusted				
<input type="radio"/>	7. Suddenly scared for no reason				
<input type="radio"/>	8. Temper outbursts that you could not control				
<input type="radio"/>	9. Blaming yourself for things				
<input type="radio"/>	10. Feeling fearful				
<input type="radio"/>	11. Feeling others do not understand you or are unsympathetic				
<input type="radio"/>	12. Having to do things very slowly to insure correctness				
<input type="radio"/>	13. Heart pounding or racing				
<input type="radio"/>	14. Feeling inferior to others				
<input type="radio"/>	15. Trouble concentrating				
<input type="radio"/>	16. Feeling tense or keyed up				
<input type="radio"/>	17. Heavy feelings in your arms or legs				
<input type="radio"/>	18. Feeling uneasy when people are watching or talking about you				
<input type="radio"/>	19. Spells of terror or panic				
<input type="radio"/>	20. Getting into frequent arguments				
<input type="radio"/>	21. Feeling so restless you couldn't sit still				
<input type="radio"/>	22. Feelings of worthlessness				
<input type="radio"/>	23. The feeling that something bad is going to happen to you				

## Pregnancy Anxiety Scale (PSA)

The next set of questions asks about your feelings and expectations about the birth and your baby. Please fill the bubble next to the phrase that best describes how you have felt IN THE PAST 7 DAYS, not just how you feel today.

### In the past 7 days:

1. I am confident of having a normal childbirth.

- not at all
- somewhat
- moderately
- very much

2. I think my labor and delivery will go normally.

- not at all
- somewhat
- moderately
- very much

3. I have a lot of fear regarding the health of my baby.

- not at all
- somewhat
- moderately
- very much

4. I am worried that the baby could be abnormal.

- not at all
- somewhat
- moderately
- very much

5. I am afraid that I will be harmed during delivery.

- not at all
- somewhat
- moderately
- very much

6. I am concerned (worried) about how the baby is growing and developing inside me.

- not at all
- somewhat
- moderately
- very much

7. I am concerned (worried) about losing the baby.

- not at all
- somewhat
- moderately
- very much

8. I am concerned (worried) about having a hard/difficult labor and delivery.

- not at all
- somewhat
- moderately
- very much

9. I am concerned (worried) about taking care of a new baby.

- not at all
- somewhat
- moderately
- very much

10. I am concerned (worried) about developing medical problems during the pregnancy.

- not at all
- somewhat
- moderately
- very much

### Sources

1. Rini C, Dunkel-Schetter C, Wadhwa PD, Sandman CA: **Psychological adaptation and birth outcomes: the role of personal resources, stress, and sociocultural context in pregnancy.** *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association* 1999, **18**(4):333-345.
2. Rini C, Dunkel Schetter C, Hobel CJ, Glynn LM, Sandman CA: **Effective social support: Antecedents and consequences of partner support during pregnancy.** *Personal Relationships* 2006, **2**(13):207-229.
3. Buss C, Davis EP, Hobel CJ, Sandman CA: **Maternal pregnancy-specific anxiety is associated with child executive function at 6-9 years age.** *Stress (Amsterdam, Netherlands)* 2011, **14**(6):665-676.

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## Infant Behavior Questionnaire - Revised

Subject No. \_\_\_\_\_ Date of Baby's Birth \_\_\_\_\_ month. \_\_\_\_\_ day \_\_\_\_\_ year  
Today's Date \_\_\_\_\_ Age of Child \_\_\_\_\_ mos. \_\_\_\_\_ weeks  
Sex of Child \_\_\_\_\_

### INSTRUCTIONS:

Please read carefully before starting:

As you read each description of the baby's behavior below, please indicate how often the baby did this during the LAST WEEK (the past seven days) by circling one of the numbers in the left column. These numbers indicate how often you observed the behavior described during the last week.

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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The "Does Not Apply" (X) column is used when you did not see the baby in the situation described during the last week. For example, if the situation mentions the baby having to wait for food or liquids and there was no time during the last week when the baby had to wait, circle the (X) column. "Does Not Apply" is different from "Never" (1). "Never" is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week. For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, circle the (1) column.

Please be sure to circle a number for every item.

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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**One Week Time Span**

How often did your baby:

- 1 2 3 4 5 6 7 X . . . . (1) make talking sounds when s/he was ready for more food?
- 1 2 3 4 5 6 7 X . . . . (2) seem angry (crying and fussing) when you left her/him in the crib?
- 1 2 3 4 5 6 7 X . . . . (3) seem contented when left in the crib?
- 1 2 3 4 5 6 7 X . . . . (4) cry or fuss before going to sleep for naps?
- 1 2 3 4 5 6 7 X . . . . (5) look at pictures in books and/or magazines for 5 minutes or longer at a time?
- 1 2 3 4 5 6 7 X . . . . (6) stare at a mobile, crib bumper or picture for 5 minutes or longer?
- 1 2 3 4 5 6 7 X . . . . (7) play with one toy or object for 5-10 minutes?
- 1 2 3 4 5 6 7 X . . . . (8) play with one toy or object for 10 minutes or longer?
- 1 2 3 4 5 6 7 X . . . . (9) laugh aloud in play?
- 1 2 3 4 5 6 7 X . . . . (10) repeat the same movement with an object for 2 minutes or longer (e.g., putting a block in a cup, kicking or hitting a mobile)?
- 1 2 3 4 5 6 7 X . . . . (11) smile or laugh after accomplishing something (e.g., stacking blocks, etc.)?
- 1 2 3 4 5 6 7 X . . . . (12) smile or laugh when given a toy?
- 1 2 3 4 5 6 7 X . . . . (13) enjoy being read to?
- 1 2 3 4 5 6 7 X . . . . (14) enjoy hearing the sound of words, as in nursery rhymes?
- 1 2 3 4 5 6 7 X . . . . (15) enjoy gentle rhythmic activities, such as rocking or swaying?
- 1 2 3 4 5 6 7 X . . . . (16) enjoy being tickled by you or someone else in your family?
- 1 2 3 4 5 6 7 X . . . . (17) enjoy the feel of soft blankets ?
- 1 2 3 4 5 6 7 X . . . . (18) enjoy being rolled up in a warm blanket?

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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- 1 2 3 4 5 6 7 X . . . . (19) enjoy listening to a musical toy in a crib?
- 1 2 3 4 5 6 7 X . . . . (20) look up from playing when the telephone rang?
- 1 2 3 4 5 6 7 X . . . . (21) protest being placed in a confining place (infant seat, play pen, car seat, etc)?
- 1 2 3 4 5 6 7 X . . . . (22) startle at a sudden change in body position (for example, when moved suddenly)?
- 1 2 3 4 5 6 7 X . . . . (23) move quickly toward new objects?
- 1 2 3 4 5 6 7 X . . . . (24) show a strong desire for something s/he wanted?
- 1 2 3 4 5 6 7 X . . . . (25) watch adults performing household activities (e.g., cooking, etc.) for more than 5 minutes?
- 1 2 3 4 5 6 7 X . . . . (26) squeal or shout when excited?
- 1 2 3 4 5 6 7 X . . . . (27) notice low-pitched noises (e.g. air conditioner, heating system, or refrigerator running or starting up)?
- 1 2 3 4 5 6 7 X . . . . (28) notice a change in light when a cloud passed over the sun?
- 1 2 3 4 5 6 7 X . . . . (29) notice the sound of an airplane passing overhead?
- 1 2 3 4 5 6 7 X . . . . (30) notice a bird or a squirrel up in a tree?
- 1 2 3 4 5 6 7 X . . . . (31) notice fabrics with scratchy texture (e.g., wool)?
- 1 2 3 4 5 6 7 X . . . . (32) appear sad for no apparent reason?

During feeding, how often did the baby:

- 1 2 3 4 5 6 7 X . . . . (33) lie or sit quietly?
- 1 2 3 4 5 6 7 X . . . . (34) squirm or kick?
- 1 2 3 4 5 6 7 X . . . . (35) wave his/her arms?

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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When going to sleep at night, how often did your baby:

1 2 3 4 5 6 7 X . . . . (36) fall asleep within 10 minutes?

1 2 3 4 5 6 7 X . . . . (37) have a hard time settling down to sleep?

1 2 3 4 5 6 7 X . . . . (38) settle down to sleep easily?

When being dressed or undressed during the last week, how often did the baby:

1 2 3 4 5 6 7 X . . . . (39) squirm and/or try to roll away?

1 2 3 4 5 6 7 X . . . . (40) smile or laugh?

1 2 3 4 5 6 7 X . . . . (41) coo or vocalize?

When put into the bath water, how often did the baby:

1 2 3 4 5 6 7 X . . . . (42) smile?

1 2 3 4 5 6 7 X . . . . (43) laugh?

When tossed around playfully how often did the baby:

1 2 3 4 5 6 7 X . . . . (44) smile?

1 2 3 4 5 6 7 X . . . . (45) laugh?

During a peekaboo game, how often did the baby:

1 2 3 4 5 6 7 X . . . . (46) smile?

1 2 3 4 5 6 7 X . . . . (47) laugh?

How often did your baby enjoy bouncing up and down:

1 2 3 4 5 6 7 X . . . . (48) while on your lap?

1 2 3 4 5 6 7 X . . . . (49) on an object, such as a bed, bouncer chair, or toy?

When being held, how often did the baby:

1 2 3 4 5 6 7 X . . . . (50) pull away or kick?

1 2 3 4 5 6 7 X . . . . (51) seem to enjoy him/herself?

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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When the baby wanted something, how often did s/he:

1 2 3 4 5 6 7 X . . . . (52) become upset when s/he could not get what s/he wanted?

1 2 3 4 5 6 7 X . . . . (53) have tantrums (crying, screaming, face red, etc.)  
when s/he did not get what s/he wanted?

When placed in an infant seat or car seat, how often did the baby:

1 2 3 4 5 6 7 X . . . . (54) wave arms and kick?

1 2 3 4 5 6 7 X . . . . (55) squirm and turn body?

How often did your baby make talking sounds when:

1 2 3 4 5 6 7 X . . . . (56) riding in a car?

1 2 3 4 5 6 7 X . . . . (57) riding in a shopping cart?

1 2 3 4 5 6 7 X . . . . (58) you talked to her/him?

When rocked or hugged, in the last week, how often did your baby:

1 2 3 4 5 6 7 X . . . . (59) seem to enjoy her/himself?

1 2 3 4 5 6 7 X . . . . (60) seem eager to get away?

1 2 3 4 5 6 7 X . . . . (61) While being fed in your lap, how often did the baby seem eager  
to get away as soon as the feeding was over?

1 2 3 4 5 6 7 X . . . . (62) After sleeping, how often did the baby cry if someone didn't  
come within a few minutes?

1 2 3 4 5 6 7 X . . . . (63) When put down for a nap, how often did your baby settle down  
quickly?

1 2 3 4 5 6 7 X . . . . (64) When it was time for bed or a nap and your baby did not want to  
go, how often did s/he whimper or sob?

1 2 3 4 5 6 7 X . . . . (65) When face was washed, how often did the baby smile or laugh?

1 2 3 4 5 6 7 X . . . . (66) When hair was washed, how often did the baby vocalize?

1 2 3 4 5 6 7 X . . . . (67) When playing quietly with one of her/his favorite toys, how often  
did your baby enjoy lying in the crib for more than 5 minutes?

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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1 2 3 4 5 6 7 X . . . . (68) When your baby saw a toy s/he wanted, how often did s/he get very excited about getting it?

1 2 3 4 5 6 7 X . . . . (69) When given a new toy, how often did your baby immediately go after it?

1 2 3 4 5 6 7 X . . . . (70) When placed on his/her back, how often did the baby squirm and/or turn body?

1 2 3 4 5 6 7 X . . . . (71) When frustrated with something, how often did your baby calm down within 5 minutes?

1 2 3 4 5 6 7 X . . . . (72) When your baby was upset about something, how often did s/he stay upset for up to 20 minutes or longer?

1 2 3 4 5 6 7 X . . . . (73) When being carried, how often did your baby push against you until put down?

1 2 3 4 5 6 7 X . . . . (74) When tired, how often did your baby show distress?

1 2 3 4 5 6 7 X . . . . (75) At the end of an exciting day, how often did your baby become tearful?

### **Two Week Time Span**

When introduced to an unfamiliar adult, how often did the baby:

1 2 3 4 5 6 7 X . . . . (76) cling to a parent?

1 2 3 4 5 6 7 X . . . . (77) refuse to go to the unfamiliar person?

1 2 3 4 5 6 7 X . . . . (78) never “warm up” to the unfamiliar adult?

When you were busy with another activity and your baby was not able to get your attention, how often did s/he:

1 2 3 4 5 6 7 X . . . . (79) become sad?

1 2 3 4 5 6 7 X . . . . (80) cry?

When singing or talking to your baby, how often did s/he:

1 2 3 4 5 6 7 X . . . . (81) soothe immediately?

1 2 3 4 5 6 7 X . . . . (82) take more than 10 minutes to soothe?

(1) Never	(2) Very Rarely	(3) Less Than Half the Time	(4) About Half the Time	(5) More Than Half the Time	(6) Almost Always	(7) Always	(X) Does Not Apply
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When showing the baby something to look at, how often did s/he:

1 2 3 4 5 6 7 X . . . . (83) soothe immediately?

1 2 3 4 5 6 7 X . . . . (84) take more than 10 minutes to soothe?

When patting or gently rubbing some part of the baby's body, how often did s/he:

1 2 3 4 5 6 7 X . . . . (85) soothe immediately?

1 2 3 4 5 6 7 X . . . . (86) take more than 10 minutes to soothe?

1 2 3 4 5 6 7 X . . . . (87) When in the presence of several unfamiliar adults, how often did the baby continue to be upset for 10 minutes or longer?

1 2 3 4 5 6 7 X . . . . (88) When visiting a new place, how often did the baby get excited about exploring new surroundings?

1 2 3 4 5 6 7 X . . . . (89) When an unfamiliar adult came to your home or apartment, how often did your baby cry when the visitor attempted to pick her/him up?

1 2 3 4 5 6 7 X . . . . (90) When familiar relatives/friends came to visit, how often did your baby get excited?

1 2 3 4 5 6 7 X . . . . (91) When rocking your baby, how often did s/he take more than 10 minutes to soothe?