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To obtain a copy of *Modern Pregnancy, a Parent and Provider Guide* supporting this questionnaire, visit:
<https://dadcare.org>.

FATHER'S BEFORE AND AFTER BIRTH RECORD

Patient Information/Label

DATE _____ NAME _____

DATE OF BIRTH _____ AGE _____ LANGUAGE _____

RACE _____ ETHNICITY _____ EDUCATION _____
(Last completed grade)

MARITAL STATUS: Single Married Separated Divorced OCCUPATION _____

Total Number of previous pregnancies in which you have participated: _____ EXPECTED DATE OF DELIVERY _____

MOTHER'S NAME _____ ID# _____ HOSPITAL OF DELIVERY _____

FOR FATHERS BEFORE BIRTH				
	O Neg. + Pos.	DETAILED POSITIVE REMARKS INCLUDE DATE & TREATMENT		O Neg. + Pos.
1. DIABETES			13. HISTORY OF STD	
2. HYPERTENSION			14. PULMONARY (TB, ASTHMA)	
3. HEART DISEASE			15. SEASONAL ALLERGIES	
4. AUTOIMMUNE DISORDER			16. DRUG/LATEX ALLERGIES REACTIONS	
5. KIDNEY/URINARY DISEASE			17. HERPES	
6. NEUROLOGICAL/EPILEPSY			18. HEPATITIS B, C	
7. PSYCHIATRIC			19. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)	
8. DEPRESSION/POSTPARTUM DEPRESSION			20. RELEVANT FAMILY HISTORY	
9. HEPATITIS/LIVER DISEASE				AMT/DAY PREPREG # YEARS USED
10. VARICOSITIES/PHLEBITIS			21. TOBACCO	
11. THYROID DYSFUNCTION			22. ALCOHOL	
12. TRAUMA/VIOLENCE			23. ILLICIT/RECREATIONAL DRUGS	

CHECK ONLY THOSE THAT APPLY:	
1. This is not a planned pregnancy.	
2. This not a wanted pregnancy.	
3. I do not feel ready for this pregnancy.	
4. I am under the age of 25.	
5. I do not feel involved with this pregnancy.	
6. My partner and I are not in agreement on this pregnancy.	
7. I do not feel I have a sense of intimacy with my partner.	
8. I do not feel I have the support of the extended family.	
9. I have a history of mood and/or anxiety disorder.	
10. I do not feel I have job security.	
11. I am concerned about performance and/or failure at work.	
12. I have had mood and/or anxiety experiences in previous pregnancies.	
13. I have current anxiety or mental illness.	
14. I have a recent or past history of losses or grief.	
15. I have a history of adverse childhood experiences (domestic violence, physical or sexual abuse, divorce, parental substance use or alcoholism, etc.).	
16. I have experienced a recent increase in stress.	
17. I have experienced one or more of the following: Low mood, negative thoughts, loss of appetite, weight loss, sleep issues, irritability, suicidal or homicidal thoughts, a desire to withdraw and isolate, an increase in substance use, increased gambling or cheating on my partner.	X
18. I feel my partner is anxious and stressed.	

FATHER'S BEFORE AND AFTER BIRTH RECORD

FOR FATHERS AFTER BIRTH	
QUESTIONS FOR FATHERS ON FOLLOW UP VISITS AFTER THE DELIVERY OR WITH THE PEDIATRICIAN.	
CHECK ONLY THOSE THAT APPLY:	
1. I have experienced one or more of the following: Low mood, negative thoughts, loss of appetite, weight loss, irritability, suicidal or homicidal thoughts, a desire to withdraw and isolate, an increase in substance use or gambling, cheating on my partner.	
2. I do not feel connected to the baby.	
3. I have a special needs child.	
4. I do not feel adequate to the new family situation.	
5. I feel sleep deprived.	
6. I feel confused in the fathering role.	
7. I feel concerned about my ability to be a father.	
8. I feel trapped.	
9. I feel grief at the loss of the old life and relationship with my partner.	
10. I feel my partner is anxious or stressed.	
11. I do not feel there is anyone I can turn to for help.	
COMMENTS:	

Note to clinicians:

Most of the statements in this questionnaire represent a consensus evaluation by professionals working in the field of risk factors in the peri-partum period. A few statements regarding employment were derived from the meta-analysis of the literature.

In the ante-natal statements, a symptom-positive indication to any one of the statements raises concern. Symptom-positivity in two statements is an indicator of further concern. Symptom-positive responses to three or more statements give a reasonable sense of current PPD or an elevated risk of PPD developing.

In the post-natal evaluation, all checked boxes indicate symptom-positivity sufficient to warrant clinical intervention.

NB: The post-natal statements can be repeated at all after-birth visits and continued into pediatric management.