

Edinburgh Postnatal Depression Scale

Name: _____

Date of Birth: _____

Today's Date: _____

Date of Delivery: _____

Please underline the answer which comes closest to how you have been feeling 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
As much as I always could (0)
Not quite so much now (1)
Definitely not so much now (2)
Not at all (3)
2. I have looked forward with enjoyment to things
As much as I ever did (0)
Rather less than I used to (1)
Definitely less than I used to (2)
Hardly at all (3)
3. I have blamed myself unnecessarily when things went wrong
Yes, most of the time (3)
Yes, some of the time (2)
Not very often (1)
No, never (0)
4. I have been anxious or worried for no good reason
No, not at all (0)
Hardly ever (1)
Yes, sometimes (2)
Yes, very often (3)
5. I have felt scared or panicky for no good reason
Yes, quite a lot (3)
Yes, sometimes (2)
No, not much (1)
No, not at all (0)
6. Things have been getting on top of me (overwhelmed)
Yes, most of the time I haven't been able to cope at all (3)
Yes, sometimes I haven't been coping as well as usual (2)
No, most of the time I have coped quite well (1)
No, I have been coping as well as ever (0)
7. I have been so unhappy that I have had difficulty sleeping
Yes, most of the time (3)
Yes, sometimes (2)
Not very often (1)
No, not at all (0)
8. I have felt sad or miserable
Yes, most of the time (3)
Yes, quite often (2)
Not very often (1)
No, not at all (0)
9. I have been so unhappy that I have been crying
Yes, most of the time (3)
Yes, quite often (2)
Only occasionally (1)
No, never (0)
10. The thought of harming myself or the baby has occurred to me
Yes quite often (3)
Sometimes (2)
Hardly ever (1)
Never (0)

Please add the numbers beside each of your answers: _____.