

Do not write, stamp,
punch holes or affix a
sticker in this area.

Direction of Feed

Edinburgh Postnatal Depression Scale

Please answer every question

To reproduce, follow the
printing instructions.
Do not fold this form.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

As you have recently had a baby, we would like to know how you are feeling.

Please mark the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

I have been able to laugh and see the funny side of things.
as much as I always could
not quite so much now
definitely not so much now
not at all

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

I have blamed myself unnecessarily when things went wrong.
yes, most of the time
yes, some of the time
not very often
no, never

I have been anxious or worried for no good reason.
no, not at all
hardly ever
yes, sometimes
yes, very often

I have felt scared or panicky for no very good reason.
yes, quite a lot
yes, sometimes
no, not much
no, not at all

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 have coped quite well
no, I have been coping as well as ever

I have been so unhappy that I have had difficulty sleeping.
yes, most of the time
yes, sometimes
not very often
no, not at all

I have felt sad or miserable.
yes, most of the time
yes, quite often
not very often
no, not at all

I have been so unhappy that I have been crying.
yes, most of the time
yes, quite often
only occasionally
no, never

The thought of harming myself has occurred to me.
yes, quite often
sometimes
hardly ever
never

SAMPLE