



RHC100670

Edinburgh Postnatal Depression Scale

URN: _____
Surname: _____
Given Name: _____
DOB: _____ Sex: _____
(Affix Patient ID label here)

Date: _____ Antenatal gestation: _____ Postnatal weeks: _____

DATE:
We would like to know how you have been feeling in the past week. EXAMPLE:

Please indicate which of the following comes closest to how you have felt in the past week, not just how you feel today. Please **CIRCLE THE NUMBER** for each question, which is the closest to how you have felt in the **PAST SEVEN DAYS**.

I have felt happy:
0 Yes, all the time
1 Yes, most the time
2 No, not very often
3 No, not at all

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 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 very 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, some of the time 1 Not very often 0 No, never
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	3 Yes, quite often 2 Sometimes 1 Hardly ever 0 Never

Clinicians - Complete scoring assessment on reverse side

BINDING MARGIN - DO NOT WRITE