

For information on the translation of  
this resource, please contact the  
**Perinatal and Infant Mental Health Service**  
on  
**(02) 9827 8071**

Affix ID Label Here		MRN			
Surname		Given Names			
Address - Street		Suburb	Postcode		
Date of Birth	Sex	AMO			
Hospital Name				Ward	

**JL Cox, JM Holden, R Sagovsky (1987)**  
University of Edinburgh

As you are about to have a baby we would like to know how you are feeling. Please underline the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Here is an example, already completed:

I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

**IN THE PAST 7 DAYS:**

1. 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

2. 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

3. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time  
Yes, some of the time  
Not very often  
No, never

4. I have been anxious or worried for no good reason:

No, not at all  
Hardly ever  
Yes, sometimes  
Yes, very often

(Please answer questions 5 -10 on the back of this page)

5 I have felt scared or panicky for no very good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

6 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

7 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

8 I have felt sad or miserable:

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9 I have been so unhappy that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10 The thought of harming myself has occurred to me:

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Thank you.

EDS total = \_\_\_\_\_

Q10 = \_\_\_\_\_

Clinician \_\_\_\_\_

Date \_\_\_\_\_