



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

# THE EDINBURGH POSTNATAL DEPRESSION SCALE

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

As you have recently had a baby we would like to know how you are feeling. Please tick the box of 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. Complete the other questions in the same way.

**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

**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

**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

**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

**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

**8. I have felt sad or miserable:**

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

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

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

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

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

**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

**10. The thought of harming myself has occurred to me:**

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

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Total Score: \_\_\_\_ / 30 Total Score for Question 10: \_\_\_\_ / 3  
(initials)

© 1987 The Royal College of Psychiatrists. Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786.



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