



Edinburg Postnatal Depression Scale

Mothers Name: _____ **DATE:** ____/____/____

Patient Name: _____ **DOB** ____/____/____

How have you felt 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 so much now
 - Definitely not so much
 - Not at all
- 2.) I have look forward to enjoyment to things.
 - As much as I ever did
 - Definitely less than I use to
 - Hardly at all
 - Rather less than I use to
- 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 for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- 5.) I have felt scared or panicky for no good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not as much
- 6.) Things have been getting to 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 well as ever
- 7.) I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - No, not very often
 - No not at all
- 8.) I have felt miserable
 - Yes, most of the time
 - No not at all
 - Yes, sometimes
 - No, not very often

Example

I have felt happy:

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

This would mean : "I felt happy most of the time" during the past week

- 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