



THE EDINBURGH POSTNATAL DEPRESSION SCALE

Full name: _____ Date : _____

As you have recently had a baby, we would like to know how you are feeling now. Please underline the answer that comes closest to how you feel. **Please choose an answer that comes closest to how you have felt in the past seven days, not just how you feel today.**

For example, I have felt happy:

Yes, all the time

Yes, most of the time

No, not very much

No, not at all

This would mean: 'I have felt happy most of the time during the past week.'

In the past seven days:

1. I have been able to 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

A little less than I used to

Much 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 much

No, never

4. I have been worried for no good reason:

No, not at all

Hardly ever

Yes, sometimes

Yes, very much

(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 managing at all
Yes, sometimes I haven't been managing as well as usual
No, most of the time I have managed quite well
No, I have been managing as well as ever
7. I have been so unhappy that I have had difficulty sleeping (not because of the baby):
Yes, most of the time
Yes, sometimes
Not very much
No, not at all
8. I have felt sad and miserable:
Yes, most of the time
Yes, quite a lot
Not very much
No, not at all
9. I have been so unhappy that I have been crying:
Yes, most of the time
Yes, quite a lot
Only sometimes
No, never
10. The thought of harming myself has occurred to me:
Yes, quite a lot
Sometimes
Hardly ever
Never