

Edinburgh Postnatal Depression Screening

Name _____

Baby's Birthdate _____

Today's Date _____

Please circle the answer that best describes how you have felt over the past 7 days.

1. I have been able to laugh and see the funny side of things.
o As much as I always could
1 Not quite so much now
2 Not so much now
3 Not at all
2. I have looked forward with enjoyment to things.
o As much as I ever did
1 Somewhat less than I used to
2 A lot less than I used to
3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong.
o No, not at all
1 Hardly ever
2 Yes, sometimes
3 Yes, very often
4. I have been anxious or worried for no good reason.
3 Yes, often
2 Yes, sometimes
1 No, not much
o No, not at all
5. I have felt scared or panicky for no good reason.
3 Yes, often
2 Yes, sometimes
1 No, not much
o No, not at all
6. Things have been too much for 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 well
o 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, sometimes
1 Not very often
o No, not at all
8. I have felt sad or miserable.
3 Yes, most of the time
2 Yes, quite often
1 Not very often
o 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
o No, never
10. The thought of harming myself has occurred to me.
3 Yes, quite often
2 Sometimes
1 Hardly ever
o Never

The Postpartum Resource
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