

Edinburgh Postnatal Depression Screen

Name: _____

Address: _____

Baby's Age: _____

Please UNDERLINE the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

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
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
* I have blamed myself unnecessarily when things went wrong.	Yes, most of the time Yes,	Yes, some of the time	Not very often	No, never
I have been anxious or worried for no good reason.	No, not at all	Hardly ever	Yes, some times	Yes, very often
* I have felt scared or panicky for not very good reason.	Yes, quite a lot	Yes, some times	No, not much	No, not at all
* 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
* I have been so unhappy that I have had difficulty sleeping.	Yes, most of the time	Yes, some of the time	Not very often	No, not at all
* I have felt sad or miserable.	Yes, most of the time	Yes, some of the time	Not very often	No, not at all
* I have been so unhappy that I have been crying.	Yes, most	Yes, quite	Yes,	No, never

	of the time	often	Occasionally	
* The thought of harming myself has occurred to me.	Yes, quite often	Sometimes	Hardly ever	never