

Postnatal Depression Screen (Edinburgh)

Patient Name: _____ Birthday: _____ Visit Date: _____

Parent Name: _____ Obstetrician: _____

As you just had a baby, we would like to know how you are feeling. Please mark "X" in the box next to the answer that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - ⁰ As much as I always could
 - ¹ Not quite so much now
 - ² Definitely not so much now
 - ³ Not at all
2. I have looked forward with enjoyment to things
 - ⁰ As much as I ever did
 - ¹ Rather less than I used to
 - ² Definitely less than I used to
 - ³ Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - ³ Yes, most of the time
 - ² Yes, some of the time
 - ¹ Not very often
 - ⁰ No, never
4. I have been anxious or worried for no good reason
 - ⁰ No, not at all
 - ¹ Hardly ever
 - ² Yes, sometimes
 - ³ Yes, very often
5. I have felt scared or panicky for no very good reason
 - ³ Yes, quite a lot
 - ² Yes, sometimes
 - ¹ No, not much
 - ⁰ No, not at all
6. Things have been getting on top of me
 - ³ Yes, most of the time I haven't been able to cope
 - ² Yes, sometimes I haven't been coping as well as usual
 - ¹ No, most of the time I have coped quite well
 - ⁰ 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
 - ⁰ 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
 - ⁰ 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
 - ⁰ No, never
10. The thought of harming myself has occurred to me
 - ³ Yes, quite often
 - ² Sometimes
 - ¹ Hardly ever
 - ⁰ Never