



Patient Name _____
DOB _____
MRN _____
Physician _____
FIN _____

Questionnaire
EDINBURGH POSTNATAL DEPRESSION SCALE

Score _____

Today's date _____ Name _____ Baby's age _____

As you have recently had a baby, we want to know how you are feeling now.

Check the answers which come closest to how you have felt in the past seven days, not just how you feel today.

IN THE PAST SEVEN DAYS:

- A. 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 quite so much now
 - 3 Not at all
- B. 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
- C. 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
- D. 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
- E. 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
- F. Things have been getting on top of 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 quite well
 - 0 No, I have been coping as well as ever
- G. 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 Not at all
- H. 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
- I. 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
- J. The thought of harming myself has occurred to me:
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient

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