MEDICINE Medical Record Number
Vomen's Care
fedical Group
Edinburg Postnatal Dep Scale
Patient Label
Edinburgh Postnatal Depression Scale1 (EPDS)
Baby's Name:
Baby's Date of Birth:
Baby's Birth Weight:
y had a baby, we would like to know how you are feeling. Please check the answer that w you have felt <b>IN THE PAST 7 DAYS</b> , not just how you feel today.
laugh and see the funny side of things*6. Things have been getting on top of meays could□h nowYes, most of the time I haven't been ableto cope at all
much now $\Box$ Yes, sometimes I haven't been coping
as well as usual $\Box$ . No most of the time Linear equation well
ard with enjoyment to things $\Box$ No, most of the time I have coped quite well $\Box$ No, I have been coping as well as ever
r did
I used to *7. I have been so unhappy that I have had difficulty sleeping
an I used to $\Box$ Yes, most of the time
□ Yes, sometimes
elf unnecessarily when things I Not very often
ime *8. I have felt sad or miserable
time 🗆 Yes, most of the time
□ Yes, quite often
<ul> <li>□ Not very often</li> <li>□ No, not at all</li> </ul>
s or worried for no good reason
*9. I have been so unhappy that I have been crying
$\Box$ Yes, most of the time
Yes, quite often
□ Only occasionally
r panicky for no very good reason
*10. The thought of harming myself has occurred to me
$\Box$ Yes, quite often
□ Sometimes
$\Box$ Hardly ever
□ Never
y Date

<sup>2</sup>Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002.