Patient name				
MHN	DOB	Age	Gender	
Edinburgl	n Postnatal Dep	ression Sco	ıle	
Questi	onnaire			Page 1 of 1
Appointme	nt date (m/d/y)	/	/ Form (	completed by: Self Other (specify)
As you are	pregnant or have	e recently ha	d a baby, we w	ould like to know how you are feeling. Check (🖌) the answer s, not just how you feel today.
	example, already		i ille pusi / uuy	s, nor just now you leer loudy.
I have felt l		compioioai		
Yes, all the time				
	nost of the time			
No, not very often				
🗌 No, n	ot at all			
This would	mean: "I have felt l	happy most c	f the time" during	the past week. Complete the following questions in the same way.
<ul> <li>1. I have been able to laugh and see the funny side of things:</li> <li>As much as I always could</li> <li>Not quite so much now</li> <li>Definitely not so much now</li> <li>Not at all</li> </ul>				<ul> <li>*6. Things have been getting on top of me:</li> <li>Yes, most of the time I haven't been able to cope at all</li> <li>Yes, sometimes I haven't been coping as well as usual</li> <li>No, most of the time I have coped quite well</li> <li>No, I have been coping as well as ever</li> </ul>
<ul> <li>2. I have looked forward with enjoyment to things:</li> <li>As much as I ever did</li> <li>Rather less than I used to</li> <li>Definitely less than I used to</li> <li>Hardly at all</li> </ul>				<ul> <li>*7. I have been so unhappy that I have difficulty sleeping:</li> <li>Yes, most of the time</li> <li>Yes, sometimes</li> <li>Not very often</li> <li>No, not at all</li> </ul>
<ul> <li>*3. I have blamed myself unnecessarily when things went wrong:</li> <li>Yes, most of the time</li> <li>Yes, some of the time</li> <li>Not very often</li> <li>No, never</li> </ul>			n things went wron	g: *8. I have felt sad or miserable: Yes, most of the time Yes, quite often Not very often No, not at all
<ul> <li>4. I have been anxious or worried for no good reason:</li> <li>No, not at all</li> <li>Hardly ever</li> <li>Yes, sometimes</li> <li>Yes very often</li> </ul>			good reason:	*9. I have been so unhappy that I have been crying: Yes, most of the time Yes, quite often Only occasionally No, never
<ul> <li>*5. I have felt scared or panicky for no very good reason:</li> <li>Yes, quite a lot</li> <li>Yes, sometimes</li> <li>No, not much</li> <li>No, not at all</li> </ul>				*10. The thought of harming myself has occurred to me: Yes, quite often Sometimes Hardly ever Never