

PostPartum Depression Screening

C l i e n t N a m e :

D a t e :

Please circle the answer that best describes how you have felt over the past seven (7) days.

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 Not so much now
- 3 Not at all

I have looked forward with enjoyment to things.

- 0 As much as I ever did
- 1 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

I have blamed myself unnecessarily when things went wrong.

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

I have been anxious or worried for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

I have felt scared or panicky for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

Things have been too much for 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 well

0 No, I have been coping as well as ever

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

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 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

The thought of harming myself has occurred to me.

3 Yes, quite often

2 Sometimes

1 Hardly ever

0 Never

If you scored 12 or higher based on feelings from the last 7 days, a professional consultation is advised.

Based upon Cox, J.L, Holden, JM, and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150: 782-786