


**The Edinburgh Postnatal Depression Scale
(English)**

Last Name 	
First Name	
PHN#	MRN#
Birthdate (dd-Mon-yyyy)	Physician

Instructions

As you have recently had a baby, we would like to know how you are feeling now. Please *choose ONE* of the answers which best describes how you have felt **in the past 7 days**, not just how you feel today. Here is an example, already completed:

- I have felt happy:
- Yes, most of the time
 - Yes, some of the time
 - No, not very often
 - No, not at all

This would mean: *"I have felt happy some of the time during the past week"*.
Please complete the other questions in the same way.

In the Past 7 days (Choose ONE)

1. I have been able to laugh and see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason:

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. I have felt scared or panicky for no very good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

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In the Past 7 days Continued (*Choose ONE*)

6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

8. I have felt sad or miserable:

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself has occurred to me:

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Administered/Reviewed by

Date (*yyyy-Mon-dd*)

Score

Alberta Health Services collects information about you in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing you health services, determining your eligibility for health services, or to carry out any other purpose authorized by the HIA. Your information will be collected directly from you, except in the limited circumstances where we are authorized by the HIA to indirectly collect such information. If you have any questions about this collection, please ask your care provider or contact Maureen Devolin, Director, Healthy Children and Families telephone 403-943-6704.

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