Women's Health Concerns Clinic

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Name: _____
Baby's Expected/Date of Birth: _____
Today's Date: _____
Year/ Month/ Day

Medication? _____
_____
Start Date: _____
Year/ Month/ Day
Breastfeeding? _____

EDINBURGH ANTE/POSTNATAL DEPRESSION SCALE (EPDS)

***Instructions*: We would like to know how you are feeling now.**
***Please mark a "✓" beside the response that comes closest to how you have felt* in the past 2 weeks.**

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

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 much
- ☐ 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