



Edinburgh Depression Scale

As you have recently had a baby, please complete this postpartum depression screening. **CIRCLE** the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Make sure to share this information with your provider at your next visit or call for an appointment now if you are concerned.



1. **I have been able to laugh and see the funny side of things.**
 - A. As much as I always could (0)
 - B. Not quite so much now (1)
 - C. Definitely not so much now (2)
 - D. Not at all (3)
2. **I have looked forward to enjoying activities.**
 - A. As much as I ever did (0)
 - B. Somewhat less than I used to (1)
 - C. Definitely less than I used to (2)
 - D. Hardly at all (3)
3. **I have blamed myself unnecessarily when things go wrong.**
 - A. Yes, most of the time (3)
 - B. Yes, some of the time (2)
 - C. Not very often (1)
 - D. No, never (0)
4. **I have been anxious or worried for no good reason.**
 - A. No, not at all (0)
 - B. Hardly ever (1)
 - C. Yes, sometimes (2)
 - D. Yes, very often (3)
5. **I have felt scared or panicky.**
 - A. Yes, quite a lot (3)
 - B. Yes, sometimes (2)
 - C. No, not much (1)
 - D. No, not at all (0)
6. **Things have been overwhelming me.**
 - A. Yes, most of the time I haven't been able to cope at all (3)
 - B. Yes, sometimes I haven't been coping as usual (2)
 - C. No, most of the time I have coped quite well (1)
 - D. No, I have been coping as well as ever (0)
7. **I have been so unhappy that I have difficulty sleeping.**
 - A. Yes, most of the time (3)
 - B. Yes, sometimes (2)
 - C. Not very often (1)
 - D. No, not at all (0)
8. **I have felt sad or miserable.**
 - A. Yes, most of the time (3)
 - B. Yes, quite often (2)
 - C. Not very often (1)
 - D. No, not at all (0)
9. **I have been so unhappy that I have been crying.**
 - A. Yes, most of the time (3)
 - B. Yes, quite often (2)
 - C. Only occasionally (1)
 - D. No, never (0)
10. **The thought of harming myself has occurred to me.**
 - A. Yes, quite often (3)
 - B. Sometimes (2)
 - C. Hardly ever (1)
 - D. Never (0)