

EDINBURGH POSTPARTUM DEPRESSION SCALE

As you have recently had a baby, we would like to know how you are feeling now. Please record the answer which comes closest to how you have felt **in the past 7 days, not just how you feel today.**

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 as much now	1		
	c) Definitely not so much now	2		
	d) Not at all	3		
2.	I have looked forward with enjoyment to things:			
	a) As much as I ever did	0		
	b) Rather less than I used to	1		
	c) Definitely less than I used to	2		
	d) Hardly at all	2		
3.	I have blamed myself unnecessarily when things went 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 felt worried and anxious for no very good reason:			
	a) No, not at all	0		
	b) Hardly ever	1		
	c) Yes, sometimes	2 3		
	d) Yes, very often	3		
5.	I have felt scared and panicky for no very good reason:			
	a) Yes, quite a lot	3		
	b) Yes, sometimes	2		
	c) No, not much	1		
	d) No, not at all	0		

6.	Th	hings have been getting on top of me:				
	b) c)	Yes, most of the time I haven't been able to co Yes, sometimes I haven't been coping as well No, most of the time I have coped quite well No, I have been coping as well as ever	-	3 2 1 0		
7. I have been so unhappy that I have had difficulty sleeping:						
	b) c)	Yes, most of the time Yes, sometimes Not very often No, not at all	3 2 1 0			
8.	I have felt sad or miserable:					
	b) c)	Yes, most of the time Yes, quite often Not very often No, not at all	3 2 1 0			
9. I have been so unhappy that I have been crying:						
	b) c)	Yes, most of the time Yes, quite often Only occasionally No, never	3 2 1 0			
10. The thought of harming myself has occurred to me:						
	b) c)	Yes, quite often Sometimes Hardly ever Never	2 1 0	(please ask for help) (please ask for help) (please ask for help)		
	TOTAL SCORE					

(A score of 12+ indicates depression. It would appear that you have been feeling down over the past few weeks. The test indicates that **you should bring this form to your doctor and talk about how you are feeling.**) If you do not have a doctor, please call the Renfrew County and District Health Unit Family Health Team at 613-732-3629 ext. 589 or 1-800-267-1097 Ext. 589. Telephone support is available through the Mental Health Crisis Line at 1-866-996-0991 (24 hours/day - 7 days/week) or visit the website at www.crisisline.ca.