



EDINBURGH POSTNATAL 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 3 _____

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 _____
- 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. Things have been getting on top of 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 well 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 had 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 _____ (please ask for help)
 - b) Sometimes 2 _____ (please ask for help)
 - c) Hardly ever 1 _____ (please ask for help)
 - d) Never 0 _____

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 contact the Suicide Crisis Helpline by dialing 9-8-8 or visiting the website at www.crisisline.ca.