

- This questionnaire screens for depression in mothers of young babies.
- We will ask you to complete this questionnaire at your baby's 2 month and 4 month visits.
- If you have questions about completing the questionnaire, please ask the medical provider who examines your child today.
- The medical provider, who examines your baby today, will talk with you about your answers.
- If a concern is detected with this screening tool then the information will be faxed to your OB/GYN's Office

## EDINBURGH POSTNATAL DEPRESSION SCALE (modified)

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

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Here is an example, already completed.

I have felt happy:

- 0 Yes, all the time
- X Yes, most of the time
- 2 No, not very often
- 3 No, not at all

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

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**In the past 7 days:**

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

- 0 As much as I always could
- 1 Not quite so much
- 2 Definitely not so much now
- 3 Not at all

2. I have looked forward with enjoyment to things

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

3. I have blamed myself unnecessarily when things went wrong

- 0 No, never
- 1 Not very often
- 2 Yes, some of the time
- 3 Yes most of the time

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

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

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

- 0 No, not at all
- 1 No, not much
- 2 Yes, sometimes
- 3 Yes, quite a lot

**In the past 7 days:**

6. Things have been getting on top of me

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

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

- 0 No, not at all
- 1 Not very often
- 2 Yes, sometimes
- 3 Yes, most of the time

8. I have felt sad or miserable

- 0 No, not at all
- 1 Not very often
- 2 Yes, quite often
- 3 Yes, most of the time

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

- 0 No, never
- 1 Only occasionally
- 2 Yes, quite often
- 3 Yes, most of the time

10. The thought of harming myself has occurred to me

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Yes, quite often

Score \_\_\_\_\_ Today's Date \_\_\_\_\_ Name of OB/GYN \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_