



香港生育康健中心
Hong Kong Reproductive Health Centre

Edinburgh Postnatal Depression Scale

Patient Number : _____ Date of Delivery : _____
Patient Name : _____ Date of Follow Up: _____

As you 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.

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

Total Score: _____