

**Which Caregiver was involved? (Select one)**

Date of Activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Program**

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy (TPTCM)
- Kansas Connecting Communities

**If MCH/M&I was selected, is this Edinburgh being provided to a mother during an MCH encounter for the child?**

- Yes
- No

**If yes, what is the client's primary healthcare coverage?**

- None/Self Pay
- Private Insurance
- TRICARE
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not reported

**If yes, what is the client's secondary healthcare coverage?**

- None/Self Pay
- Private Insurance
- TRICARE
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not reported

**If yes, what is the Household Size (number of people living in the household):** \_\_\_\_\_

**If yes, what is the Annual Household Income?**

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more
- Don't Know
- Refused

**Edinburgh Screening**

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

- As much as I always could
- Not quite so much
- Definitely not so much now
- Not at all

**2. I have looked forward to things with enjoyment:**

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

**3. I have blamed myself unnecessarily when things went wrong:**

- Yes most of the time
- Yes some of the time
- Not very often
- No never

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

- No not at all
- Hardly ever
- Yes sometimes
- Very often

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

- Yes, quite a lot
- Yes sometimes
- No, not much
- No, not at all

**6. Things have been getting to me:**

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

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

- Yes most of the time
- Yes sometimes
- No not very often
- No not at all

**8. I have felt sad or miserable:**

- Yes most of the time
- Yes quite often
- Not very often
- No not at all

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

- Yes most of the time
- Yes quite often
- Only occasionally
- No never

**10. The thought of harming myself has occurred to me:**

- Yes quite often
- Sometimes
- Hardly ever
- Never

**Total score:** \_\_\_\_\_

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.

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