

**Edinburgh Post Natal Depression Scale (EPDS)**

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**Please return via fax to:      03 9210 3183**  
**Mother Baby Unit at Mitcham Private**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Score: \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling. Please tick the answer that comes closest to how you have felt **in the past 7 days** – not just how you feel today. Here is an example, already completed:      **I have felt happy:**

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

This would mean, “I have felt happy most of the time during the past week. Please answer the following 10 questions by placing a tick in the appropriate box.

**In the past 7 days:****1. I have been able to laugh and see the funny side of things-**

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

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

- 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
- Yes, very often

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

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

**6. Things have been getting on top of 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 the 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
- Not very often
- No, not at all

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

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

**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

# PRE ADMISSION MEDICAL REPORT

## MOTHER BABY UNIT

**Please return via fax to: 03 9210 3183**

Dear Doctor

After you have completed assessment of this patient, would you please fill in the details below to streamline admission and Health Fund approval.

Mother's Name \_\_\_\_\_

Baby's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile tel. \_\_\_\_\_

Provisional Diagnosis – Mother \_\_\_\_\_

Observation/treatment \_\_\_\_\_

Provisional Diagnosis – Baby \_\_\_\_\_

Observation/treatment \_\_\_\_\_

Duration of Problem \_\_\_\_\_

Relevant History, i.e. illness/operations in past \_\_\_\_\_

Current medications \_\_\_\_\_

Previous hospitalisation for this problem? Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

Any psychiatric problems or treatment? Please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor's Name \_\_\_\_\_ Provider No. \_\_\_\_\_

(Please print)

Medical Practice Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_