Edinburgh Postnatal Depression Scale

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.

In the past 7 days:

1.	I have been able to laugh and see the funny side of things	6.	Things have been getting on top of me
	As much as I always could		Yes, most of the time I haven't been able to cope at all
	□ Not quite so much now		 Yes, sometimes I haven't been coping as well as usual
	□ Definitely not so much now□ Not at all		 □ No, most of the time I have coped quite well □ No, I have been coping as well as ever
2.	I have looked forward with enjoyment to things	7.	I have been so unhappy that I have had difficulty sleeping
	☐ As much as I ever did		☐ Yes, most of the time
	☐ Rather less than I used to		☐ Yes, sometimes
	☐ Definitely less than I used to		□ Not very often
	☐ Hardly at all		☐ No, not at all
	•		_ ,
3.	I have blamed myself unnecessarily when things went wrong	8.	I have felt sad or miserable
	Yes, most of the time		☐ Yes, most of the time
	Yes, some of the time		Yes, quite often
	☐ Not very often		□ Not very often
	□ No, never		□ No, not at all
			_ 110, 1101 111 1111
4.	I have been anxious or worried for no good reason	9.	I have been so unhappy that I have been crying
	□ No, not at all		☐ Yes, most of the time
	☐ Hardly ever		Yes, quite often
	Yes, sometimes		☐ Only occasionally
	Yes, very often		☐ No, never
	i res, very orten		
5.	I have felt scared or panicky for no very good reason	10.	The thought of harming myself has occurred to me
	Yes, quite a lot		☐ Yes, quite often
	Yes, sometimes		Sometimes
	☐ No, not much		☐ Hardly ever
	□ No, not at all		□ Never
			

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.





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Identifying Depression in Pregnancy & Early Motherhood

Acceptability Questionnaire (Prenatal)

We would like you to tell us your views about the types of questions used to find out about how you are feeling during pregnancy. Please take a few minutes to read the questions for the different screening questionnaires and respond to the following questions.

NICE Ultra Brief Screening Questionnaire

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by little interest or pleasure in doing things?

If yes to either of the above two questions, a third help question may be asked:

3. Is this something you feel you need or want help with?

1.	Do you think it is	a good idea to	ask women ab	out how you are	feeling during pregnancy
	-	_		-	one box only for your answer)
	Yes	No	Unsure		
2.	How comfortable	e did you feel w	vhen you were o	completing the qu	uestions for the NICE
	Ultra Brief Screer	•	•		
	Very	Fairly	Comfortable	Fairly	Uncomfortable
	comfortable	comfortable		uncomfortable	
3.	Was it easy or dif	ficult to under	stand the mean	ing of question 1	? (please cross one box only
	for your answer)				
	Very	Fairly	Easy	Fairly	Difficult
	easy	easy		difficult	

	depressed or hop	eless in the last m	onth?		
	Very easy	Fairly easy	Easy	Fairly difficult	Difficult
5.	How sure do you	feel about your a	nswer for questi	ion 1 about fee	ling down?
	Very	Fairly	Sure	Fairly	Very
	sure	sure		unsure	unsure
6.	Was it easy or diff	ficult to understa	nd the meaning	of question 2?	(please cross one box only
	for your answer)				
	Very	Fairly	Easy	Fairly difficult	Difficult
	easy	easy			
7.			-		n bothered by little
	interest or pleasu	re in doing things	in the past mor	itn?	
	Very easy	Fairly easy	Easy	Fairly difficult	Difficult
8.	How sure do you	feel about your a	nswer for questi	ion 2 about fee	ling little interest?
	Very	Fairly	Sure	Fairly	Very
	sure	sure		unsure	unsure
9.	How sure do you	 feel about your a	nswer for questi	ion 3 about nee	eding help (if asked)?
	(please cross one box Not asked	only for your answer	·)		
	Very	Fairly	Sure	Fairly	Very
	sure	sure		unsure	unsure

4. Was it easy or difficult to remember whether you have often been feeling down,

Please provide any additional informa screening questions you would like to		the bo	x below.
Do you think it is a good idea to ask v	vomen ab	out ho	w you are feeling during
_			
pregnancy using the EPDS (see question	is for your ii	nforma	tion below)? (please cross one l
for your answer)			
Yes No	Unsure		
165	Olisuie		
dinburgh Postnatal Depression Scale (EPDS)			
dinburgh Postnatal Depression Scale (EPDS)	6.	Things ha	ave been getting on top of me
idinburgh Postnatal Depression Scale (EPDS) In the past 7 days: 1. I have been able to laugh and see the funny side of	6.	Things ha	Yes, most of the time I haven't been able
In the past 7 days: 1. I have been able to laugh and see the funny side of things	6.		Yes, most of the time I haven't been able to cope at all
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	6.		Yes, most of the time I haven't been able
In the past 7 days: 1. I have been able to laugh and see the funny side of things	6.		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
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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

12.	How comfortable did you fee (please cross one box only for your		•	completing the qu	estions for the EPDS?
	Very comfortable	Fairly comfortable	Comfortable	Fairly uncomfortable	Uncomfortable
13.	Was it easy or box only for your		lerstand the mean	ing of the 10 que	stions? (please cross one
	Very easy	Fairly easy	Easy	Fairly difficult	Difficult
14.			om 1-10) which we hat question difficult t	• •	fficult to understand?
	1 2 3	4 5	6 7 8	9 10	
15.	-	difficult to rem	-	ave been feeling	in the past 7 days to
	Very easy	Fairly easy	Easy	Fairly difficult	Difficult
16.			om 1-10) which we	•	fficult to remember
	1 2 3	4 5	6 7 8	9 10	
17 .	How sure do y	ou feel about y	our answers for tl	he 10 questions fo	or the EPDS?
	Very sure	Fairly sure	Sure	Fairly unsure	Very unsure

18.	Were there any questions (from 1-10) which you were particularly unsure about your
	answer? (please cross the box if you were unsure about your answer to that question)
	1 2 3 4 5 6 7 8 9 10
19.	Please provide any additional information about completing the EPDS screening questions you would like to share in the box below.

Thank you for taking the time to complete this questionnaire





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Identifying Depression in Pregnancy & Early Motherhood

Acceptability Questionnaire (Postnatal)

We would like you to tell us your views about the types of questions used to find out about how you are feeling during early motherhood. Please take a few minutes to read the questions for the different screening questionnaires and respond to the following questions.

NICE Ultra Brief Screening Questionnaire

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- 2. During the past month, have you often been bothered by little interest or pleasure in doing things?

If yes to either of the above two questions, a third help question may be asked:

3. Is this something you feel you need or want help with?

	-	_		-	feeling during early ? (please cross one box only
	Yes	No	Unsure		
2.	How comfortable Ultra Brief Screen	-	•		uestions for the NICE ur answer)
	Very	Fairly	Comfortable	Fairly	Uncomfortable
	comfortable	comfortable	ι	ıncomfortable	
3.	Was it easy or diff	icult to under	stand the meanir	ng of question 1	? (please cross one box only
	for your answer)				
	Very	Fairly	Easy	Fairly	Difficult
	easy	easy		difficult	

4.	4. Was it easy or difficult to remember whether you have often been feeling down, depressed or hopeless in the last month?							
	Very easy	Fairly	Eas	-	airly difficu		Difficu	lt
	Casy	easy]				
5.	How s	ure do you feel about your a	answe	r for questio	n 1 ak	out feelir	g dov	wn?
	Very sure	Fairly sure	Sur		airly unsure	2	Very unsur	
] [-		
		easy or difficult to understa	and th	e meaning of	ques	stion 2? (p.	lease c	cross one box on
	Very	Fairly	Eas	•	airly		Difficu	lt
	easy	easy			IIIICU	it]
7.		easy or difficult to rememb st or pleasure in doing thing		•		ten been l	othe	red by little
	Very	Fairly	Eas	•	airly		Difficu	lt
	easy	easy]
8.	How s	ure do you feel about your a	answe	r for questio	n 2 ab	out feelir	g litt	le interest?
	Very sure	Fairly sure	Sur		airly unsure	2	Very unsur	
]
9.		ure do you feel about your a cross one box only for your answe ked		r for questioi	n 3 ab	out need	ing he	elp (if asked)?
	Very	Fairly	Sur	e F	airly		Very	/
	sure	sure		ι	unsure	9	unsur	e

		_		any ad tions y		ld like t				ox below.
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			ur ansv	_	e Li D3 (see ques	cions joi j	, ou	ı ıııju	mution below): (preuse cross one
			_							
	W									
	Yes			No			Unsure			
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E	dinbu	_	ast 7 days: I have be	Depression	on Scale (E		Unsure	6.	Things ha	ive been getting on top of me Yes, most of the time I haven't been able to cope at all
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E	dinbu	In the pa	ast 7 days: I have bed things	Depression able to lauge As much as I Not quite so	gh and see the f	funny side of	Unsure	6.		Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as
E	dinbu	In the pa	ast 7 days: I have bed things	Depression en able to lauge As much as I Not quite so Definitely no Not at all	gh and see the f I always could much now of so much now	funny side of	Unsure	6.	0	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
E	dinbu	In the pa	ast 7 days: I have been things	Depression an able to lauge As much as I Not quite so Definitely no Not at all sked forward w	gh and see the f I always could I much now ot so much now with enjoyment	funny side of	Unsure		0	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
E	dinbu	In the pa	ast 7 days: I have been things	Depression en able to lauge As much as I Not quite so Definitely no Not at all	gh and see the f I always could much now ot so much now with enjoyment I ever did	funny side of	Unsure		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	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 en so unhappy that I have had difficulty
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E	dinbu	In the pa	ast 7 days: I have been things	Depression As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t	gh and see the f I always could much now ot so much now with enjoyment I ever did than I used to ss than I used to	funny side of	Unsure		I have besteeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes
E	dinbu	In the p. 1.	ast 7 days: I have been things	Depression As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely les Hardly at all	gh and see the f I always could much now ot so much now with enjoyment I ever did than I used to ss than I used to	funny side of	Unsure		I have besteeping	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 en so unhappy that I have had difficulty Yes, most of the time
E	dinbu	In the p. 1.	ast 7 days: I have bet things I have loo	Depression As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely les Hardly at all med myself un ng	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to	funny side of	Unsure	7.	I have bessleeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all
E	dinbu	In the p. 1.	ast 7 days: I have bee things I have loo	Depression As much as I Not quite so Definitely no Not at all ked forward w As much as I Rather less t Definitely les Hardly at all med myself uning Yes, most of	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to ss than I used to	funny side of	Unsure	7.	I have bessleeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all t sad or miserable
E	dinbu	In the p. 1.	ast 7 days: I have betthings I have loo	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all med myself uring Yes, most of Yes, some of	gh and see the fill always could much now of so much now with enjoyment lever did than I used to ss than I used to mnecessarily while the time of the time	funny side of	Unsure	7.	I have besteeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all t sad or miserable Yes, most of the time
E	dinbu	In the p. 1.	ast 7 days: I have bee things I have loo	Depression As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely les Hardly at all med myself un ng Yes, some of Not very ofte	gh and see the fill always could much now of so much now with enjoyment lever did than I used to ss than I used to mnecessarily while the time of the time	funny side of	Unsure	7.	I have bessleeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time
E	dinbu	In the p. 1.	ast 7 days: I have betthings	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all med myself uring Yes, most of Yes, some of	gh and see the fill always could much now of so much now with enjoyment lever did than I used to ss than I used to mnecessarily while the time of the time	funny side of	Unsure	7.	I have besseeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, guite often Yes, quite often
E	dinbu	2. 3.	I have loo	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all med myself uring Yes, most of Yes, some of Not very ofte No, never	gh and see the fill always could much now of so much now with enjoyment lever did than I used to ss than I used to mnecessarily while the time of the time	funny side of to things o	Unsure	7.	I have be sleeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, quite often Not very often No, not at all
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Ec	dinbu	2. 3.	I have be	As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely les Hardly at all sked forward w As much as I Not quite so the sked forward w As much as I Not perfinitely les Hardly at all sked forward w No, most of Not very often No, never en anxious or No, not at all Hardly ever Yes, sometin	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to nnecessarily wh the time f the time en worried for no II mes	funny side of to things o	Unsure	7.	I have felt	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Yes, most of the time Yes, quite often Yes, quite often
Ec	dinbu	2. 3.	I have blown through the state of the state	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all med myself uring Yes, most of Yes, some of Not very ofte No, never en anxious or v No, not at all Hardly ever	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to nnecessarily wh the time f the time en worried for no II mes	funny side of to things o	Unsure	7.	I have fel	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often
Ec	dinbu	In the p. 1. 2. 3. 4.	I have bla	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all smed myself uring Yes, most of Yes, some of Not very ofte No, never en anxious or v No, not at all Hardly ever Yes, sometin Yes, sometin Yes, very ofte Yes, sometin Yes, very ofte	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to nnecessarily wh the time f the time en worried for no II mes	funny side of to things o then things		7.	I have fel	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all t sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally
Ec	dinbu	In the p. 1. 2. 3. 4.	I have ble	Depression As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely les Hardly at all med myself uning Yes, most of Yes, some of Not very ofte No, never en anxious or v No, not at all Hardly ewer Yes, sometin Yes, very oft t scared or par	gh and see the f I always could much now of so much now with enjoyment lever did than I used to ss than I used to ss than I used fo I the time en worried for no II mes teen nicky for no ver lot	funny side of to things o then things		7.	I have besleeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all t sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never ght of harming myself has occurred to me
Ec	dinbu	In the p. 1. 2. 3. 4.	I have ble	Depression As much as I Not quite so Definitely not Not at all sked forward w As much as I Rather less t Hardly at all smed myself uring Yes, some of Not very ofte No, never en anxious or v No, not at all Hardly ever Yes, sometin Yes, very oft scared or par Yes, quite a I Yes, sometin	gh and see the f I always could much now of so much now with enjoyment lever did than I used to ss than I used to ss than fused to Innecessarily wh the time en worried for no il mes teen nicky for no ver- lot mes	funny side of to things o then things		7.	I have besteeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never ght of harming myself has occurred to me Yes, quite often
Ec	dinbu	In the p. 1. 2. 3. 4.	I have bla	As much as I Not quite so Definitely ne Not at all sked forward w As much as I Rather less t Definitely les Hardly at all med myself un ng Yes, some of Not very ofte No, never en anxious or w No, not at all Hardly ever Yes, sometin Yes, very oftet t scared or par Yes, sometin	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to nnecessarily wh the time the time en worried for no II mes ten nicky for no ver lot mes th	funny side of to things o then things		7.	I have fell	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all ts ad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never ght of harming myself has occurred to me Yes, quite often Sometimes
Ec	dinbu	In the p. 1. 2. 3. 4.	I have ble	As much as I Not quite so Definitely no Not at all sked forward w As much as I Rather less t Definitely tel Hardly at all med myself ur ng Yes, some of Not very ofte No, never en anxious or w No, not at all Hardly ever Yes, sometin Yes, very ofte t scared or par Yes, sometin Yes, sometin Yes, sometin Yes, sometin	gh and see the f I always could much now of so much now with enjoyment I ever did than I used to ss than I used to nnecessarily wh the time the time en worried for no II mes ten nicky for no ver lot mes th	funny side of to things o then things		7.	I have besteeping	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 en so unhappy that I have had difficulty Yes, most of the time Yes, sometimes Not very often No, not at all tsad or miserable Yes, most of the time Yes, quite often Not very often No, not at all en so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never ght of harming myself has occurred to me Yes, quite often

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

12.		able did you fee box only for your	•	e completing the qu	estions for the EPDS?
	Very comfortable	Fairly comfortable	Comfortable	Fairly uncomfortable	Uncomfortable
13.	Was it easy or box only for your		lerstand the me	aning of the 10 que	stions? (please cross one
	Very easy	Fairly easy	Easy	Fairly difficult	Difficult
14.			om 1-10) which hat question difficu	•	fficult to understand?
	1 2 3	4 5	6 7 8	9 10	
15.	-	r difficult to ren O questions for t	-	ı have been feeling	in the past 7 days to
	Very	Fairly	Easy	Fairly	Difficult
	easy	easy		difficult	
16.			•	were particularly di u found that question di	fficult to remember ifficult to remember)
	1 2 3	4 5	6 7 8	9 10	
17 .	How sure do y	you feel about y	our answers for	the 10 questions fo	or the EPDS?
	Very sure	Fairly sure	Sure	Fairly unsure	Very unsure

I8.	Were there any questions (from 1-10) which you were particularly unsure about you
	answer? (please cross the box if you were unsure about your answer to that question)
	1 2 3 4 5 6 7 8 9 10
19.	Please provide any additional information about completing the EPDS screening
	questions you would like to share in the box below.

Thank you for taking the time to complete this questionnaire



ECONOMIC PATIENT QUESTIONNAIRE

(Prenatal)

Participant ID:	
Date of Session:	

We would like to know how many (if any) contacts you have had with the services listed below during your current pregnancy.

SECTION	1. HOSDIT	AI_RASED	SERVICES

Please tell us the <u>total number</u> of appointments with and visits to the following **HOSPITAL-BASED SERVICES** <u>during your current pregnancy</u>. If none, enter zero.

HOSPITAL-BASED SERVICES	Number of appointments or visits
Total number of hospital outpatient appointments (note: please do not count hospital admissions)	
Total number of <u>nights spent in hospital as an inpatient</u> (note: if you had more than one admission, please <u>add all nights</u>)	
Total number of hospital day admissions (without overnight stay)	
Total number of Accidents and Emergency (A & E) visits	

SECTION 2: NON-HOSPITAL-BASED SERVICES

Please tell us the <u>total number</u> of appointments with and visits to the following **COMMUNITY-BASED SERVICES** <u>during your current pregnancy.</u> If none, enter zero. <u>Please do not count</u> hospital appointments which were included in the previous question.

COMMUNITY-BASED SERVICES	Number of appointments or visits
General practitioner (GP) at the <u>surgery</u>	
General practitioner (GP) at your <u>home</u>	
General practitioner (GP) on the <u>telephone</u>	
Nurse at GP <u>surgery</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse at your <u>home</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse on the <u>telephone</u>	
Community psychiatric nurse	
Psychiatrist in the community	
Counsellor	
Clinical Psychologist	
Occupational therapist	
Art, drama or music therapy sessions in the community	
Health visitor (do not include midwife)	
Social worker	

CC	OMMUNITY-BASED SEF	RVICES			Number appointme visits	ents or
Ma	rriage counselling service,	e.g. Relate				
Ad	vice service, e.g. Citizen's	Advice Bureau				
Far	nily therapist					
Fai	mily support worker					
Не	lpline (e.g. Samaritans, MI	ND)				
Dri	ng/alcohol support worker					
Oth	ner services – please write d	etails here				
		SECTION :	3: MEDIC	ATION		
Hav	e you taken any medicatio	on for mental h	ealth prol	olems <u>durin</u>	g your current pro	egnancy?
	Yes	No [
	ES, write the details below. problems and other menta			ations for de	pression, anxiety, p	osychosis,
Na	me of Medication	Date started	Dose (mg)*	Number per day	Continuing at present?	Date Stopped
1						
e.g	Fluoxetine/Prozac	01/04/2013	20	1	Yes/no	10/09/2013
e.g	Fluoxetine/Prozac	01/04/2013	20	1	Yes/no	10/09/2013
*Fo	r current medication use jus final dose.					
*Fo	r current medication use		current dos	se; for medi		

4.2	If employed: Please state your occupation. Manager Professional (e.g. health, teaching, legal) Associate professional (e.g. technical, nursing) Clerical worker/secretary Services/sales (e.g. retail) Skilled agricultural/fishery worker Skilled labourer/craftsman (e.g. building, electrical etc.) Elementary occupation (e.g. domestic, caretaker, labourer) Armed Forces Other (specify)	
4.3 most	If you are employed, what is your gross pay per year (before tax) for t recent employment?	your current or per year
4.4	In a typical week, how many hours do you work?	hours per week
4.5	Have you missed any full days of work during your current pregnancy health? Please include only days missed for your own health. Yes No If YES, how many days did you miss from work during your current pregnancy	
4.6	Did you miss part of a day's work during your current pregnancy bec Please include only days missed for your own health. Yes No	ause of your health?
	If YES, how many days did this occur during your current pregnancy?	days
4.7	How many weeks were you unemployed during your current pregnancy?	weeks
	Section 5: SUBJECTIVE WELL-BEING	
Pleas	se, indicate with a cross how happy you are at this moment on the scale	below.
	ompletely nhappy	Completely happy

Thank you for taking the time to complete this questionnaire.



ECONOMIC PATIENT QUESTIONNAIRE

(Postnatal)

Participant ID:	
Session:	3-4 months after birth / 12 months after birth (please circle)
Date of Session:	

We would like to know how many (if any) contacts you have had with the services listed below **since** the last time you completed this questionnaire.

SECTION 1: HOSPITAL-BASED SERVICES

Please tell us the <u>total number</u> of appointments with and visits to the following HOSPITAL-BASED SERVICES <u>since the last time you completed this questionnaire</u>. If none, enter zero. Please report appointments, visits and admissions that were for you alone or mainly for you (please do NOT include appointments, visits or admissions that were mainly for your baby or your other children).

HOSPITAL-BASED SERVICES	Number of appointments or visits
Total number of hospital outpatient appointments (note: please do not count hospital admissions)	
Total number of <u>nights spent in hospital as an inpatient</u> (note: if you had more than one admission, please add all nights)	
Total number of hospital day admissions (without overnight stay)	
Total number of Accidents and Emergency (A & E) visits	

SECTION 2: NON-HOSPITAL-BASED SERVICES

Please tell us the <u>total number</u> of appointments with and visits to the following COMMUNITY-BASED SERVICES <u>since the last time you completed this questionnaire</u>. If none, enter zero. Please do not count hospital appointments which were included in the previous question. Please report appointments and visits that were for you alone or mainly for you (please do NOT include appointments and visits that were mainly for your baby or your other children).

COMMUNITY-BASED SERVICES	Number of appointments or visits
General practitioner (GP) at the <u>surgery</u>	
General practitioner (GP) at your <u>home</u>	
General practitioner (GP) on the telephone	
Nurse at GP <u>surgery</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse at your <u>home</u> (e.g. practice nurse, district nurse, midwife etc.)	
Nurse on the telephone	
Community psychiatric nurse	
Psychiatrist in the community	
Counsellor	

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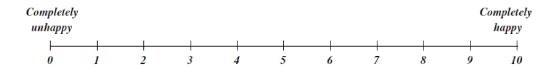
If YES, write the details below. Please include e.g. medications for depression, anxiety, psychosis, sleep problems and other mental health problems.

Name of Medication	Date started	Dose (mg)*	Number per day	Continuing at present?	Date Stopped
e.g. Fluoxetine/Prozac	01/04/2013	20	1	Yes/no	10/09/2013

^{*}For current medication use please tell us current dose; for medication no longer taken please tell us final dose.

SECTION 4: SUBJECTIVE WELL-BEING

Please, indicate with a cross how happy you are at this moment on the scale below.



Thank you for taking the time to complete this questionnaire.



Identifying Depression in Pregnancy & Early Motherhood

Biographical Questionnaire

1.	What is your highest educational qualification? (please tick one of the boxes)					
	No qualifications					
	GCSEs/O-Levels					
	AS/A-Levels					
	NVQ or other vocational qualification					
	Undergraduate degree					
	Postgraduate degree					
	Doctoral degree					
	Professional degree (e.g. MD)					
2.	Do you have children already? (please tick) Yes \Box					
	No 🗆					
If ye	es, how many children do you have? (please w	rite here)	_			
We would like to ask you a few questions to find out whether you have ever suffered from anxiety or depression and whether you may have received help for						
3.						
	Have you ever suffered from anxiety? (please	e tick one)				
a)	Have you ever suffered from anxiety? (please Yes, I am currently suffering from anxiety	e tick one)	I			
a) b)			l 1			
	Yes, I am currently suffering from anxiety	nd have suffered in the past \Box				
b)	Yes, I am currently suffering from anxiety Yes, I am currently suffering from anxiety ar	nd have suffered in the past \Box				
b) c)	Yes, I am currently suffering from anxiety Yes, I am currently suffering from anxiety ar Yes, I have suffered with anxiety in the past	nd have suffered in the past \Box				
b) c) d)	Yes, I am currently suffering from anxiety Yes, I am currently suffering from anxiety ar Yes, I have suffered with anxiety in the past	nd have suffered in the past \Box				

3a.	a. If yes to question 3, did you seek help for your anxiety?				
a)	Current anxiety	Yes \square	No		Don't know □
b)	Previous anxiety	Yes 🗆	No		Don't know □
c)	No response $\ \square$				
3b.	If yes to question 3 anxiety?	3a, were y	you pı	resci	ribed any medication to help with your
a)	Current anxiety	Yes \square	No		Don't know □
b)	Previous anxiety	Yes □	No		Don't know □
c)	No response \Box				
3c.	If yes to question 3 with your anxiety?		ou ev	er s	een anyone other than your GP for help
a)	Current anxiety	Yes 🗆	No [] [Don't know □
b)	Previous anxiety	Yes □	No [– 1	Don't know □
c)	No response \square				

3d.	If yes to question 3c, who did you see?					
a)	Psychiatrist: current anxiety \square previous anxiety \square don't know \square					
b)	Psychologist: current anxiety \square previous anxiety \square don't know \square					
c)	Counsellor: current anxiety \square previous anxiety \square don't know \square					
d)	Community psychiatric nurse: current anxiety \square previous anxiety \square					
don'	t know 🗆					
e)	Social worker: current anxiety \square previous anxiety \square don't know \square					
f)	Other statutory/voluntary agency: current anxiety \square previous anxiety \square					
	don't know \square					
g)	Other: current anxiety \square previous anxiety \square don't know \square					
h)	No response $\ \Box$					
4.	Have you ever suffered with depression? (please tick one)					
a)	Yes, I am currently suffering with depression					
b)	Yes, I am currently suffering with depression and have suffered with depress in the past	ion				
c)	Yes, I have suffered with depression in the past					
d)	No					
e)	Don't know					

4a . If yes to question 4, did you seek help for your depression?
a) Current depression Yes \square No \square Don't know \square
b) Previous depression Yes $\ \square$ No $\ \square$ Don't know $\ \square$
c) No response $\ \square$
4b . If yes to question 4a, were you prescribed antidepressants?
a) Current depression Yes \square No \square Don't know \square
b) Previous depression Yes \square No \square Don't know \square
c) No response \square
4c . If yes to question 4a, have you ever seen anyone other than your GP for help with your depression?
a) Current depression Yes \square No \square Don't know \square
b) Previous depression Yes \square No \square Don't know \square
c) No response \square
4d. If yes to question 4c, who did you see?
a) Psychiatrist: current depression \square previous depression \square don't know \square
b) Psychologist: current depression \square previous depression \square don't know \square
c) Counsellor: current depression \square previous depression \square don't know \square
d) Community psychiatric nurse: current depression \square previous depression
□ don't know □
e) Social worker: current depression \square previous depression \square don't know \square
f) Other statutory/voluntary agency: current depression \Box previous depression
☐ don't know ☐
g) Other: current depression \square previous depression \square don't know \square
h) No response \square