



DT1846

Atlantic Health System

EDINBURGH DEPRESSION SCREEN

PATIENT ID HERE

Phone Number: _____

Today's Date: _____

Due Date/Date of Delivery: _____

Location: Inpatient Outpatient

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. When you have completed the form, please give this form to your nurse.

Thank you

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 now
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.

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

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.

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

6. *Things have been getting on top of me.

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

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

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

8. *I have felt sad or miserable.

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

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

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

10. *In the past 7 days thoughts of harming myself have occurred to me.

- 3 - Yes, quite often
2 - Sometimes
1 - Hardly ever
0 - No, never

TOTAL Score _____

RN Signature: _____

Time: _____

Patient Signature: _____

(Cox, Trotter & Sagovsky, 1984)