

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Your Date of Birth: _____

Delivery date or estimated due date: _____

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.

Here is an example, already completed.

I have felt happy:

Yes, all of the time _____(0)

Yes, most of the time x (1)

No, not very often _____(2)

No, not at all _____(3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

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 _____(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

¹ Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky