

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

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:

- A. Yes, all the time
- B. Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- C. No, not very often Please complete the other questions in the same way.
- D. No, not at all

In the past 7 days:

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

Administered/Reviewed by _____ Date _____

¹Source: 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 .

²Source: 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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