

Edinburgh Postnatal Depression Scale¹(EPDS)

Mother's Name: _____ Child's Name: _____

Mother's Date of Birth: _____ Child's Date of Birth: _____

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

In the past 7 days:

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

Administered/reviewed by _____ Date _____ Score _____

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* 105:782-786

²Source: K.L. Wisner, B.L. Parry, C., Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199