

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:

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

In the past 7 days:

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none">☐ As much as I always could☐ Not quite so much now☐ Definitely not so much now☐ Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none">☐ As much as I ever did☐ Rather less than I used to☐ Definitely less than I used to☐ Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, some of the time☐ Not very often☐ No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none">☐ No, not at all☐ Hardly ever☐ Yes, sometimes☐ Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none">☐ Yes, quite a lot☐ Yes, sometimes☐ No, not much☐ No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none">☐ 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 <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, sometimes☐ Not very often☐ No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, quite often☐ Not very often☐ No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, quite often☐ Only occasionally☐ No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none">☐ Yes, quite often☐ Sometimes☐ Hardly ever☐ Never |
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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