Edinburgh Postnatal Depression Scale\(^1\) (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 \textit{IN THE PAST 7 DAYS}, not just how you feel today.

Here is an example, already completed.

I have felt happy:
\begin{itemize}
  \item [\square] Yes, all the time
  \item [\Box] Yes, most of the time  This would mean: “I have felt happy most of the time” during the past week.
  \item [\square] No, not very often  Please complete the other questions in the same way.
  \item [\square] No, not at all
\end{itemize}

In the past 7 days:

\begin{enumerate}
\item I have been able to laugh and see the funny side of things
  \begin{itemize}
    \item [\square] As much as I always could
    \item [\square] Not quite so much now
    \item [\Box] Definitely not so much now
    \item [\square] Not at all
  \end{itemize}
\item I have looked forward with enjoyment to things
  \begin{itemize}
    \item [\square] As much as I ever did
    \item [\square] Rather less than I used to
    \item [\square] Definitely less than I used to
    \item [\Box] Hardly at all
  \end{itemize}
\item I have blamed myself unnecessarily when things went wrong
  \begin{itemize}
    \item [\square] Yes, most of the time
    \item [\Box] Yes, some of the time
    \item [\square] Not very often
    \item [\square] No, never
  \end{itemize}
\item I have been anxious or worried for no good reason
  \begin{itemize}
    \item [\square] No, not at all
    \item [\Box] Hardly ever
    \item [\square] Yes, sometimes
    \item [\Box] Yes, very often
  \end{itemize}
\item I have felt scared or panicky for no very good reason
  \begin{itemize}
    \item [\square] Yes, quite a lot
    \item [\square] Yes, sometimes
    \item [\square] No, not much
    \item [\square] No, not at all
  \end{itemize}
\item Things have been getting on top of me
  \begin{itemize}
    \item [\square] Yes, most of the time I haven’t been able to cope at all
    \item [\Box] Yes, sometimes I haven’t been coping as well as usual
    \item [\square] No, most of the time I have copied quite well
    \item [\Box] No, I have been coping as well as ever
  \end{itemize}
\item I have been so unhappy that I have had difficulty sleeping
  \begin{itemize}
    \item [\Box] Yes, most of the time
    \item [\square] Yes, sometimes
    \item [\Box] Not very often
    \item [\square] No, not at all
  \end{itemize}
\item I have felt sad or miserable
  \begin{itemize}
    \item [\Box] Yes, most of the time
    \item [\square] Yes, quite often
    \item [\Box] Not very often
    \item [\square] No, not at all
  \end{itemize}
\item I have been so unhappy that I have been crying
  \begin{itemize}
    \item [\Box] Yes, most of the time
    \item [\square] Yes, quite often
    \item [\Box] Only occasionally
    \item [\Box] No, never
  \end{itemize}
\item The thought of harming myself has occurred to me
  \begin{itemize}
    \item [\Box] Yes, quite often
    \item [\square] Sometimes
    \item [\Box] Hardly ever
    \item [\Box] Never
  \end{itemize}
\end{enumerate}

Administered/Reviewed by ______________________________  Date ______________________________

\begin{enumerate}
\end{enumerate}

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