

Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Clinic Name/Number: _____

Your Age: _____ Weeks of Pregnancy/Age of Baby: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

I have felt happy:
Yes, all of the time _____ (0)
Yes, most of the time ☒ (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.

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)