

# Edinburgh Postnatal Depression Scale (EPDS)

Your Name: \_\_\_\_\_  
Baby's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Your Date of Birth: \_\_\_\_\_  
Baby's Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

## **SAMPLE QUESTION:**

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*  
                               *No, not very often*  
                               *No, not at all*

## **In the past 7 days:**

### **1. I have been able to laugh and see the funny side of things**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

### **2. I have looked forward with enjoyment to things**

- As much as I always could
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

### **3. I have blamed myself unnecessarily when things went wrong**

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

### **4. I have been anxious or worried for no good reason**

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

### **5. I have felt scared or panicky for no very good reason**

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

### **6. Things have been getting on top of me**

- 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

### **7. I have been so unhappy that I have had difficulty sleeping**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

### **8. I have felt sad or miserable**

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

### **9. I have been so unhappy that I have been crying**

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

### **10. The thought of harming myself has occurred to me**

- Yes, quite often
- Sometimes
- Hardly ever
- Never

**Administered/Reviewed by:** \_\_\_\_\_ **Baby's Age:** \_\_\_\_\_