

# Edinburgh Postnatal Depression Scale (EPDS)

Name: \_\_\_\_\_

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

As you are pregnant or have recently had a baby, we would like to know how you feel. 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:*

- ☐ 0. Yes, all the time  
☒ 1. Yes, most of the time  
☐ 2. No, not very often  
☐ 3. No, not at all

*This would mean "I have felt happy most of the time during the past week."*

Please complete the other questions in the same way.

## During the Last Month:

1. Have you lost interest in things or activities that you used to enjoy?  
☐ Yes ☐ No

2. Have you felt depressed, "down" or hopeless?  
☐ Yes ☐ No

## In the past 7 days:

1. I have been able to laugh and see the funny side of things  
☐ 0. As much as I always could  
☐ 1. Not quite so much now  
☐ 2. Definitely not so much now  
☐ 3. Not at all

- \*6. Things have been getting on top of me  
☐ 3. Yes, most of the time I haven't been able to cope at all  
☐ 2. Yes, sometimes I haven't been coping as well as usual  
☐ 1. No, most of the time I have coped quite well  
☐ 0. No, I have been coping as well as ever

2. I have looked forward with enjoyment to things  
☐ 0. As much as I ever did  
☐ 1. Rather less than I used to  
☐ 2. Definitely less than I used to  
☐ 3. Hardly at all

- \*7. I have been so unhappy that I have had difficulty sleeping  
☐ 3. Yes, most of the time  
☐ 2. Yes, some of the time  
☐ 1. Not very often  
☐ 0. No, not at all

- \*3. I have blamed myself unnecessarily when things went wrong  
☐ 3. Yes, most of the time  
☐ 2. Yes, some of the time  
☐ 1. Not very often  
☐ 0. No, never

- \*8. I have felt sad or miserable  
☐ 3. Yes, most of the time  
☐ 2. Yes, some of the time  
☐ 1. Not very often  
☐ 0. No, not at all

4. I have been anxious or worried for no good reason  
☐ 0. No, not at all  
☐ 1. Hardly ever  
☐ 2. Yes, sometimes  
☐ 3. Yes, very often

- \*9. I have been so unhappy that I have been crying  
☐ 3. Yes, most of the time  
☐ 2. Yes, quite often  
☐ 1. Only occasionally  
☐ 0. No, never

- \*5. I have felt scared or panicky for no good reason  
☐ 3. Yes, quite a lot  
☐ 2. Yes, sometimes  
☐ 1. No, not much  
☐ 0. No, not at all

- \*10. The thought of harming myself has occurred to me  
☐ 3. Yes, quite often  
☐ 2. Sometimes  
☐ 1. Hardly ever  
☐ 0. Never

Administered/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_