

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 **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:

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 ever did

_____ 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 _____ Date _____ 1

Source: 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.

² Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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