Edinburgh Postnatal Depression Scale¹ (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:

- \square 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 *6. Things have been getting on top of me
 - As much as I always could
 - Not guite 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

- - 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 Π
- *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, guite often
 - Sometimes
 - Hardly ever Π
 - Never П

Administered/Reviewed by _____ Date _____ Date _____

¹Source: 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.

²Source: 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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