

# Edinburgh Postnatal Depression Scale<sup>1</sup> (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      | *6. Things have been getting on top of me   |
| <input type="checkbox"/> As much as I always could                 | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now                     | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual    |
| <input type="checkbox"/> Definitely not so much now                | <input type="checkbox"/> No, most of the time I have coped quite well             |
| <input type="checkbox"/> Not at all                                | <input type="checkbox"/> No, I have been coping as well as ever                   |
| 2. I have looked forward with enjoyment to things                  | *7. I have been so unhappy that I have had difficulty sleeping                    |
| <input type="checkbox"/> As much as I ever did                     | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Rather less than I used to                | <input type="checkbox"/> Yes, sometimes   |
| <input checked="" type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> Hardly at all                             | <input type="checkbox"/> No, not at all   |
| *3. I have blamed myself unnecessarily when things went wrong      | *8. I have felt sad or miserable  |
| <input type="checkbox"/> Yes, most of the time                     | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Yes, some of the time                     | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Not very often                            | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> No, never                                 | <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason               | *9. I have been so unhappy that I have been crying                                |
| <input type="checkbox"/> No, not at all                            | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Hardly ever                               | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                            | <input type="checkbox"/> Only occasionally  |
| <input type="checkbox"/> Yes, very often                           | <input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason          | *10. The thought of harming myself has occurred to me                             |
| <input type="checkbox"/> Yes, quite a lot                          | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                            | <input type="checkbox"/> Sometimes  |
| <input type="checkbox"/> No, not much                              | <input type="checkbox"/> Hardly ever  |
| <input type="checkbox"/> No, not at all                            | <input type="checkbox"/> Never  |

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

<sup>1</sup>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 .

<sup>2</sup>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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