## Edinburgh Postnatal Depression Scale ¹, ² (EPDS)

**Child’s name:** ________________________________  **Child’s birthday:** ________________________________

**Mom’s Name:** ________________________________  **Mom’s birthday:** ________________________________

**Address:** ____________________________________________  **Phone:** ________________________________

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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 of the time
- [x] Yes, most of the time  
  This would mean: “I have felt happy most of the time” during the past week.
- [ ] 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 as much now
   - [ ] Definitely not as 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

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**Administered / Reviewed by:** ________________________________  **Date:** ________________________________


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