

Edinburgh Postnatal Depression Scale (EPDS)

Name: _____ Date: _____ Date of Delivery: _____

Hospital Delivered at: _____ Baby's Name: _____

As you recently had a baby, we would like to know how you are feeling. Please mark "X" in the box next to the answer which comes closest to how you have felt in the **past 7 days**—not just how you feel today.

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

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

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

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

5. I have felt scared or panicky for no very good reason

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, 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
- 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

7. I have been so unhappy that I have had difficulty sleeping

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

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

10. The thought of harming myself has occurred to me

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

Talk about your answers to the above questions with your health care provider.

Total Score: _____/30 Total

Mild depression (7–13), Moderate depression (14–19), Severe depression (19–30)

If #10 was answered anything but "never" please notify patient's provider immediately.