

Edinburgh Postnatal Depression Scale (EPDS)

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please check off the answer that comes closest to how you have felt in the **past 7 days**—not just how you feel today. Please complete all 10 items.

EXAMPLE: I have felt happy

- Yes, all of the time
 Yes, most of the time
 No, not very often
 No, not at all

This would mean: "I have felt happy most of the time" during the past week.

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- 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 good reason.**
 Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all
- 6. Things have been getting to 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
 No, 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