

# EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. This is a screening test; not a medical diagnosis.

If something doesn't seem right, call your health care provider regardless of your score.

## 1. I HAVE BEEN ABLE TO LAUGH AND SEE THE FUNNY SIDE OF THINGS:

- As much as I always could \_\_\_\_\_ (0)  
Not quite so much now \_\_\_\_\_ (1)  
Definitely not so much now \_\_\_\_\_ (2)  
As much as I always could \_\_\_\_\_ (3)

## 2. I HAVE LOOKED FORWARD WITH ENJOYMENT TO THINGS

- As much as I ever did \_\_\_\_\_ (0)  
Rather less than I used to \_\_\_\_\_ (1)  
Definitely less than I used to \_\_\_\_\_ (2)  
Hardly at all \_\_\_\_\_ (3)

## 3. I HAVE BLAMED MYSELF UNNECESSARILY WHEN THINGS WENT WRONG:

- Yes, most of the time \_\_\_\_\_ (3)  
Yes, some of the time \_\_\_\_\_ (2)  
Not very often \_\_\_\_\_ (1)  
No, never \_\_\_\_\_ (0)

## 4. I HAVE BEEN ANXIOUS OR WORRIED FOR NO GOOD REASON:

- Not, not at all \_\_\_\_\_ (0)  
Hardly ever \_\_\_\_\_ (1)  
Yes, sometimes \_\_\_\_\_ (2)  
Yes, very often \_\_\_\_\_ (3)

## 5. I HAVE FELT SCARED OR PANICKY FOR NO GOOD REASON

- Yes, quite a lot \_\_\_\_\_ (3)  
Yes, sometimes \_\_\_\_\_ (2)  
No, not much \_\_\_\_\_ (1)  
No, not at all \_\_\_\_\_ (0)

## 6. THINGS HAVE BEEN GETTING TO ME:

- Yes, most of the time I haven't been able to cope at all \_\_\_\_\_ (3)  
Yes, sometimes I haven't been coping as well as usual \_\_\_\_\_ (2)  
No, most of the time I have coped quite well \_\_\_\_\_ (1)  
As much as I always could \_\_\_\_\_ (0)

## 7. I HAVE BEEN SO UNHAPPY THAT I HAVE HAD DIFFICULTY SLEEPING:

- Yes, most of the time \_\_\_\_\_ (3)  
Yes, sometimes \_\_\_\_\_ (2)  
No, not very often \_\_\_\_\_ (1)  
No, not at all \_\_\_\_\_ (0)

## 8. I HAVE FELT SAD OR MISERABLE:

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

## 9. I HAVE BEEN SO UNHAPPY THAT I HAVE BEEN CRYING:

- Yes, most of the time \_\_\_\_\_ (3)  
Yes, quite often \_\_\_\_\_ (2)  
Only occasionally \_\_\_\_\_ (1)  
No, never \_\_\_\_\_ (0)

## 10. THE THOUGHT OF HARMING MYSELF HAS OCCURRED TO ME:\*

- Yes, quite often \_\_\_\_\_ (3)  
Sometimes \_\_\_\_\_ (2)  
Hardly ever \_\_\_\_\_ (1)  
Never \_\_\_\_\_ (0)



**FINAL SCORE:**