



L15771

Edinburgh Postnatal Depression Scale¹ (EPDS)

Mother's Name: _____

Baby's Name: _____

Today's Date: _____

Baby's Date of Birth: _____

As you 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.

In the past 7 days:

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

Administered/Reviewed by _____

Date _____

¹Source: 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.

²Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002.