

# EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR POSTPARTUM SCREENING --

BABY'S DATE OF BIRTH: \_\_\_\_\_ SEX OF BABY: MALE FEMALE

BABY'S NAME: \_\_\_\_\_ BIRTH WEIGHT: \_\_\_\_\_

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

TOTAL SCORE: \_\_\_\_\_