

Edinburgh Postnatal Depression Scale ⁽¹⁾

EPDS

Name: _____

Address: _____

Your Date of Birth: _____

Phone: _____

Baby's Date of Birth: _____

As you are pregnant or 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.

Here is an example, already completed.

I have felt happy:

- Yes, all 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. Please complete the other questions in the same way.

In the past 7 days:

<p>1. I have been able to laugh and see the funny side of things:</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all 	<p>6. Things have been getting on top of me:</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now
<p>2. I have looked forward with enjoyment to things:</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I do now <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all 	<p>7. I have been so unhappy that I have had difficulty sleeping:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all
<p>3. I have blamed myself unnecessarily when things went wrong:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never 	<p>8. I have felt sad or miserable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> Not very often <input type="checkbox"/> 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
- 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

Administered/Reviewed by _____

Date _____

- (1) Source: 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
- (2) Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

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