



EDINBURG POSTNATAL DEPRESSION SCALE (EPDS)

Mother's Name: _____ Mother's DOB: _____

Mother's PCP: _____ Baby's DOB: _____

If 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 are feeling 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:

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 very good reason.

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

6. *Things have been getting on top of 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
- 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

ADMINISTERED BY: _____

DATE: _____