## **Edinburgh Postnatal Depression Scale (EPDS)**

Baby's Name:

Baby's Date of Birth: \_\_\_\_\_ Todays date:

Please CIRCLE the answer which 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:

a) Yes, all of the time. (b) Yes, most of the time.) c) No, not very often. d) 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 SEVEN (7) DAYS:

- 1. I have been able to laugh and see the funny side of things: As much as I ever did. 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: No, never. Not very often. Yes, some of the time. Yes, most of the time.
- 4. I have felt worried and anxious without a very good reason: No, not at all. Hardly ever. Yes, sometimes. Yes, most of the time.
- 5. I have felt scared or panicky without a very good reason: No, not at all. No, not much. Yes, sometimes. Yes, quite a lot.

- 6. I have been feeling overwhelmed: No, I have been coping as well as ever. No, usually I cope quite well Yes, sometimes I haven't been coping as well as usual. Yes, most of the time I haven't been able to cope at all.
- 7. I have had difficulty sleeping even when the baby is asleep: No, not at all. Not very often. Yes, sometimes. Yes, most of the time.
- 8. I have felt sad and miserable: No, not at all. Not very often. Yes, quite often. Yes, most of the time.
- 9. I have been so unhappy that I have been crying or fighting to keep from crying: No, never. Only occasionally. Yes, quite often. Yes, most of the time.
- 10. The thought of harming myself or my baby has occurred to me: Never. Hardly ever. Sometimes. Yes, quite often.