

## Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

Your Name: \_\_\_\_\_ Your Birthdate: \_\_\_\_\_

Full Address: \_\_\_\_\_

Best telephone number: \_\_\_\_\_ Your Doctor: \_\_\_\_\_

Weeks pregnant: \_\_\_\_\_ **OR** Baby's age: \_\_\_\_\_ **OR** Pregnancy loss: \_\_\_\_\_

As you are pregnant *or* have recently had a baby, we would like to know how you are feeling. Please **CIRCLE** the 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

- Yes, all of the time
- Yes, most of the time**
- No, not very often
- No, not at all

The response above would mean, "I have felt happy most of the time" during the past week.

Please complete the questions below.

### 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 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

Source: Cox, JL, Holden, JM & Sagovsky, R (EPDS)