Edinburgh Postnatal Depression Scale (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 This would mean: “I have felt happy most of the time” during the past week.
- □ No, not very often Please complete the other questions in the same way.
- □ No, not at all

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 copied 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/Reviewed by ______________________________ Date ______________________________


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