Edinburgh Postnatal Depression Scale 1 (EPDS)

Name: ______________________ Address: ______________________

Your Date of Birth: __________________________

Baby’s Name and Date of Birth: __________________________ Phone: ______________________

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:

X Yes, most of the time

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/Reviewed by __________________________ Date __________________________


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