

# Edinburgh Postnatal Depression Scale (EPDS)

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

As you are having a baby or have recently had or adopted a baby, we would like to know how you are feeling now. Please underline the answer which best describes 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, most of the time
- Yes, some of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy some 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
- No, not much
- 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

**Score:** \_\_\_\_\_

**Administered/Reviewed by:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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