

## EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Name of baby \_\_\_\_\_

Date of birth \_\_\_\_\_

Date completed \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling. Please CIRCLE the number next to the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Below is an example, already completed.

I have felt happy:

- 0 Yes, all the time
- ① Yes, most of the time
- 2 No, not very often
- 3 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 7 days:

1. I have been able to laugh and see the funny side of things:
  - 0 As much as I always could
  - 1 Not quite so much now
  - 2 Definitely not so much now
  - 3 Not at all
2. I have looked forward with enjoyment to things:
  - 0 As much as I ever did
  - 1 Rather less than I used to
  - 2 Definitely less than I used to
  - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong:
  - 0 No, never
  - 1 Not very often
  - 2 Yes, some of the time
  - 3 Yes, most of the time
4. I have been anxious or worried for no good reason:
  - 0 No, not at all
  - 1 Hardly ever
  - 2 Yes, sometimes
  - 3 Yes, very often
5. I have felt scared or panicky for no good reason:
  - 0 No, not at all
  - 1 No, not much
  - 2 Yes, sometimes
  - 3 Yes, quite a lot
6. Things have been getting on top of me:
  - 0 No, I have been coping as well as ever
  - 1 No, most of the time I have coped quite well
  - 2 Yes, sometimes I have not been coping as well as usual
  - 3 Yes, most of the time I have not been able to cope at all
7. I have been so unhappy that I have had difficulty sleeping:
  - 0 No, not at all
  - 1 Not very often
  - 2 Yes, sometimes
  - 3 Yes, most of the time
8. I have felt sad or miserable:
  - 0 No, not at all
  - 1 Not very often
  - 2 Yes, quite often
  - 3 Yes, most of the time
9. I have been so unhappy that I have been crying:
  - 0 No, never
  - 1 Only occasionally
  - 2 Yes, quite often
  - 3 Yes, most of the time
10. The thought of harming myself has occurred to me:
  - 0 Never
  - 1 Hardly ever
  - 2 Sometimes
  - 3 Yes, quite often

**BABY'S AGE:** \_\_\_\_\_

**TOTAL SCORE:** \_\_\_\_\_