Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

Name: ___________________________  Personal Health #:________________ Date: _________________

Age of Baby: _______________________ or Gestation in Weeks: _______________________

As you are expecting a baby, or have recently had a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the past 7 days—not just how you feel today.

**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, not at all
   - 1 ☐ Not very often
   - 2 ☐ Some of the time
   - 3 ☐ Most of the time

4. I have been anxious or worried for no good reason:
   - 0 ☐ No, not at all
   - 1 ☐ Hardly ever
   - 2 ☐ Sometimes
   - 3 ☐ Very often

5. I have felt scared or panicky for no very good reason:
   - 0 ☐ No, not at all
   - 1 ☐ Not much
   - 2 ☐ Quite a lot
   - 3 ☐ Extremely

6. Things have been getting on top of me:
   - 0 ☐ No, I have been coping as well as ever
   - 1 ☐ Not very often
   - 2 ☐ Sometimes
   - 3 ☐ Most of the time

7. I have been so unhappy that I have had difficulty sleeping:
   - 0 ☐ No, not at all
   - 1 ☐ Not very often
   - 2 ☐ Sometimes
   - 3 ☐ Most of the time

8. I have felt sad or miserable:
   - 0 ☐ No, never
   - 1 ☐ Only occasionally
   - 2 ☐ Sometimes
   - 3 ☐ Most of the time

9. I have been so unhappy that I have been crying:
   - 0 ☐ No, never
   - 1 ☐ Only occasionally
   - 2 ☐ Sometimes
   - 3 ☐ Most of the time

10. The thought of harming myself has occurred to me:
   - 0 ☐ No, never
      - 1 ☐ Only occasionally
      - 2 ☐ Sometimes
      - 3 ☐ Most of the time

**Talk about your answers to the above questions with your health care provider.**