



## Edinburgh Postnatal Depression Scale (EPDS)

Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_ Today's

Date: \_\_\_\_\_ Baby's Name: \_\_\_\_\_ Baby's Date of Birth: \_\_\_\_\_

As you 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.

In the past 7 days:

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

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