Edinburgh Postnatal Depression Scale (EPDS) Form*

Mother's Name _____ Obstetrician: _____

Mother's Date of Birth _____ Date of Visit: _____

Baby's Name: _____ Baby's Date of Birth: _____

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:
❑ Yes, all the time
☒ Yes, most of the time
❑ No, not very often
❑ 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
- ❑ 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
- ☐ No, Never

Administered/Reviewed by _____ Date _____

*Source: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150:782-786.

Scored by: _____ Score: _____