WESTERN WAKE PEDIATRICS

Edinburgh Postnatal Depression Scale (EPDS)

Baby's Name: _____Baby's Date of Birth:_____ Today's date:_____

Please CIRCLE the answer which 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:
0) Yes, all of 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 SEVEN (7) DAYS:

1. I have been able to laugh and see the funny side of things:
   0) As much as I ever did.
   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) Somewhat 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 felt worried and anxious without a very good reason:
   0) No, not at all.
   1) Hardly ever.
   2) Yes, sometimes.
   3) Yes, most of the time.

5. I have felt scared or panicky without a very good reason:
   0) No, not at all.
   1) No, not much.
   2) Yes, sometimes.
   3) Yes, quite a lot.

6. I have been feeling overwhelmed:
   0) No, I have been coping as well as ever.
   1) No, usually I cope quite well.
   2) Yes, sometimes I haven't been coping as well as usual.
   3) Yes, most of the time I haven't been able to cope at all.

7. I have had difficulty sleeping even when my baby is asleep:
   0) No, not at all.
   1) Not very often.
   2) Yes, sometimes.
   3) Yes, most of the time.

8. I have felt sad and 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 or fighting to keep from crying:
   0) No, never.
   1) Only occasionally.
   2) Yes, quite often.
   3) Yes, most of the time.

10. The thought of harming myself or my baby has occurred to me:
    0) Never.
    1) Hardly ever.
    2) Sometimes.
    3) Yes, quite often.