# **Edinburgh Postnatal Depression Scale (EPDS)**

Nam	e:
Date	:
Wee	ks pregnant: or week postnatal:
We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please select one option for each question that comes closest to how you have felt in the last seven days.	
1.	I have been able to laugh and see the funny side of things:
	As much as I always could
	Not quite as 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

### 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

Never

Cox JL, Holden JM, Sagovsky R (1987). Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.