

# EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Phone: \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling. Please check the box 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 & see the funny side of things**

- As much as I always could
- Not quite as much now
- Definitely not as 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 and 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
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I coped quite well
- No, I have been coping as well as ever

**7. \* I have been 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

**\*Remember to take this completed form to your doctor on your next office visit.  
Physician Scoring instructions on the back.**

## For Physician Use Only

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### SCORING THE EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an **asterisk** are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items.

Scores of 12 or above distinguish borderline and probable cases from non-cases.