

Edinburgh Postnatal Depression Scale (EPDS)

Patient Label

Mother's OB or Doctor's Name: _____

Doctor's Phone #: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

- I have felt happy:
- Yes, all of the time _____ (0)
 - Yes, most of the time (1)
 - No, not very often _____ (2)
 - No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
 - As much as I always could _____ (0)
 - Not quite so much now _____ (1)
 - Definitely not so much now _____ (2)
 - Not at all _____ (3)
2. I have looked forward with enjoyment to things:
 - As much as I ever did _____ (0)
 - Rather less than I used to _____ (1)
 - Definitely less than I used to _____ (2)
 - Hardly at all _____ (3)
3. I have blamed myself unnecessarily when things went wrong:
 - Yes, most of the time _____ (3)
 - Yes, some of the time _____ (2)
 - Not very often _____ (1)
 - No, never _____ (0)
4. I have been anxious or worried for no good reason:
 - No, not at all _____ (0)
 - Hardly ever _____ (1)
 - Yes, sometimes _____ (2)
 - Yes, very often _____ (3)
5. I have felt scared or panicky for no good reason:
 - Yes, quite a lot _____ (3)
 - Yes, sometimes _____ (2)
 - No, not much _____ (1)
 - No, not at all _____ (0)
6. Things have been getting to me:
 - Yes, most of the time I haven't been able to cope at all _____ (3)
 - Yes, sometimes I haven't been coping as well as usual _____ (2)
 - No, most of the time I have coped quite well _____ (1)
 - No, I have been coping as well as ever _____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
 - Yes, most of the time _____ (3)
 - Yes, sometimes _____ (2)
 - No, not very often _____ (1)
 - No, not at all _____ (0)
8. I have felt sad or miserable:
 - Yes, most of the time _____ (3)
 - Yes, quite often _____ (2)
 - Not very often _____ (1)
 - No, not at all _____ (0)
9. I have been so unhappy that I have been crying:
 - Yes, most of the time _____ (3)
 - Yes, quite often _____ (2)
 - Only occasionally _____ (1)
 - No, never _____ (0)
10. The thought of harming myself has occurred to me:*
 - Yes, quite often _____ (3)
 - Sometimes _____ (2)
 - Hardly ever _____ (1)
 - Never _____ (0)

TOTAL YOUR SCORE HERE ▶

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by:
