Edinburgh Postnatal Depression Scale¹ (EPDS)

Name:	Address:
Your Date of Birth:	
Baby's Date of Birth:	Phone:
	we would like to know how you are feeling. Please check It IN THE PAST 7 DAYS, not just how you feel today.
Here is an example, already completed.	
	nave felt happy most of the time" during the past week. other questions in the same way.
In the past 7 days:	
1. I have been able to laugh and see the funny side of the 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	things *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 copied 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
 I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often 	*9 I have been so unhappy that I have been crying □ Yes, most of the time □ Yes, quite often □ Only occasionally □ No, never
*5 I have felt scared or panicky for no very good reasor Ves, quite a lot Yes, sometimes No, not much No, not at all	*10 The thought of harming myself has occurred to me '' Yes, quite often '' Sometimes '' Hardly ever '' Never
Administered/Reviewed by	Date

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

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