

Edinburgh Postnatal Depression Scale (EPDS)

J. L. Cox, J.M. Holden, R. Sagovsky From: British Journal of Psychiatry (1987), 150, 782-786

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the box next to the response that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. *If you have depression or anxiety it also affects your baby so it is very important to get help.* Even though this screening form is titled "Postnatal" it is a valid tool in pregnancy as well.

It is recommended women complete this form:

- once in each trimester of pregnancy
- at the hospital after the birth of your baby
- once around 4-6 weeks postpartum
- two more times during the first year postpartum

If your total score is 10 or higher, you may have depression and we encourage you to contact your doctor and access the resources listed on the reverse side of this page.

If your score for question #10 is 1, 2, or 3 you should talk to your health care professional (your doctor, mental health counselor, or local health department) right away.

Name:

Date:

<p>1. I have been able to laugh and see the funny side of things.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> As much as I always could 0 <input type="checkbox"/> Not quite so much now 1 <input type="checkbox"/> Definitely not so much now 2 <input type="checkbox"/> Not at all 3 </p>	<p>6. Things have been getting on top of me.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all 3 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual 2 <input type="checkbox"/> No, most of the time I have coped quite well 1 <input type="checkbox"/> No, I have been coping as well as ever 0 </p>
<p>2. I have looked forward with enjoyment to things.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> As much as I ever did 0 <input type="checkbox"/> Rather less than I used to 1 <input type="checkbox"/> Definitely less than I used to 2 <input type="checkbox"/> Hardly at all 3 </p>	<p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, most of the time 3 <input type="checkbox"/> Yes, sometimes 2 <input type="checkbox"/> Not very often 1 <input type="checkbox"/> No, not at all 0 </p>
<p>3. I have blamed myself unnecessarily when things went wrong.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, most of the time 3 <input type="checkbox"/> Yes, some of the time 2 <input type="checkbox"/> Not very often 1 <input type="checkbox"/> No, never 0 </p>	<p>8. I have felt sad or miserable.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, most of the time 3 <input type="checkbox"/> Yes, quite often 2 <input type="checkbox"/> Not very often 1 <input type="checkbox"/> No, not at all 0 </p>
<p>4. I have been anxious or worried for no good reason.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> No, not at all 0 <input type="checkbox"/> Hardly ever 1 <input type="checkbox"/> Yes, sometimes 2 <input type="checkbox"/> Yes, very often 3 </p>	<p>9. I have been so unhappy that I have been crying.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, most of the time 3 <input type="checkbox"/> Yes, quite often 2 <input type="checkbox"/> Only occasionally 1 <input type="checkbox"/> No, never 0 </p>
<p>5. I have felt scared or panicky for no very good reason.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, quite a lot 3 <input type="checkbox"/> Yes, sometimes 2 <input type="checkbox"/> No, not much 1 <input type="checkbox"/> No, not at all 0 </p>	<p>10. The thought of harming myself has occurred to me.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes, quite often 3 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Hardly ever 1 <input type="checkbox"/> Never 0 </p>