

Edinburgh Postnatal Depression Scale 1 (EPDS)

	Name: Address:			
pics. St	Your Date of Birth:			
	Baby's Date of Birth:		Phone:	
As you a	are pregnant or have recently had a baby, we wor wer that comes closest to how you have felt IN Th	uld lik HE PA	e to know how you are feeling. Please check	
Here is	an example, already completed.			
	elt happy:			
	, all the time	II la an		
□ No,	not very often not at all This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time This would mean: "I have fe Please complete the other quantity of the time of the t		opy most of the time" during the past week.	
In the p	ast 7 days:			
1. I ha	□ Not quite so much now □ Definitely not so much now	*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	
	ve looked forward with enjoyment to things		 No, most of the time I have coped quite well No, I have been coping as well as ever 	
	As much as I ever did Rather less than I used to	*7	I have been so unhappy that I have had difficulty sleeping	
	Definitely less than I used to		□ Yes, most of the time	
	Hardly at all		Yes, sometimes	
	ve blamed myself unnecessarily when things it wrong		□ Not very often □ No, not at all	
	Yes, most of the time	*8	I have felt sad or miserable	
	Yes, some of the time		Yes, most of the time	
	Not very often		□ Yes, quite often □ Not very often	
	No, never		No, not at all	
4. I ha	ve been anxious or worried for no good reason			
ı ı	No, not at all	*9	I have been so unhappy that I have been crying	
	Hardly ever		Yes, most of the time	
. 0	Yes, sometimes		Yes, quite often	
	Yes, very often		Only occasionallyNo, never	
*5 Iha	ve felt scared or panicky for no very good reason		110, 11070.	
	Yes, quite a lot	*10	The thought of harming myself has occurred to me	
П	Yes, sometimes		 Yes, quite often 	
	No, not much		□ Sometimes	
ο.	No, not at all		B Hardly ever	
			□ Never	
Administ	ered/Reviewed by	Date		
	Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of th Postnatal Depression Scale. British Journal of Psych	postni	atal depression: Development of the 10-item	
	th Postnatal Depression Scale. British Journal of Psycl K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression			

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

Phone: (847) 548-PEDS (7337) Fax: (847) 548-9909