

Edinburgh Antenatal/Postnatal Depression Scale (EPDS)

For use between 28–32 weeks in all pregnancies and 6–8 weeks postpartum

Name: _____

Date: _____

Gestation in Weeks: _____

Weeks Postnatal: _____

Total Score:

INSTRUCTIONS:

Please mark "X" in the box next 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 and see the funny side of things

0 As much as I always could

1 Not quite so much now

2 Definitely not so much now

3 Not at all

2. I have looked forward with enjoyment to things

0 As much as I ever did

1 Rather less than I used to

2 Definitely less than I used to

3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong

3 Yes, most of the time

2 Yes, some of the time

1 Not very often

0 No, never

4. I have been anxious or worried for no good reason

0 No, not at all

1 Hardly ever

2 Yes, sometimes

3 Yes, very often

5. I have felt scared or panicky for no good reason

3 Yes, quite a lot

2 Yes, sometimes

1 No, not much

0 No, not at all

6. Things have been getting on top of me

3 Yes, most of the time I have not been able to cope

2 Yes, sometimes I have not been coping as well as usual

1 No, most of the time I have coped quite well

0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

3 Yes, most of the time

2 Yes, sometimes

1 Not very often

0 No, not at all

8. I have felt sad or miserable

3 Yes, most of the time

2 Yes, quite often

1 Not very often

0 No, not at all

9. I have been so unhappy that I have been crying

3 Yes, most of the time

2 Yes, quite often

1 Only occasionally

0 No, never

10. The thought of harming myself has occurred to me

3 Yes, quite often

2 Sometimes

1 Hardly ever

0 Never

Talk about your answers to the above questions with your health care provider.