

# Edinburgh Postnatal Depression Scale (EPDS)

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_

Please select the most appropriate answer based on how you have felt over the past week.

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)

\* If you are having feelings of harming your self please contact your GP, or 111. If you feel you are a risk to yourself or others, please attend A&E as soon as possible.

Now go back and add up your score (the numbers at the side of your answer in brackets) and enter it below:

Your Score \_\_\_\_/30