

Edinburgh Postnatal Depression Scale (EPDS)

Name: _____ Date: _____

Pregnant Pregnancy-loss Postpartum - Infant DOB: _____

As you are pregnant or have recently welcomed a baby, it is important to regularly check-in on how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Tally your score by adding together the numbers next to your answers.

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- 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- Somewhat less than I used to

2- A lot less than I used to

3- Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

0- No, not at all

1- Hardly ever

2- Yes, sometimes

3- Yes, very often

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

3- Yes, often

2- Yes, sometimes

1- No, not much

0- No, not at all

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

3- Yes, often

2- Yes, sometimes

1- No, not much

0- No, not at all

6. Things have been too much for me.

3- Yes, most of the time I haven't been able to cope at all

2- Yes, sometimes I haven't been coping as well as usual

1- No, most of the time I have coped 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

TOTAL SCORE _____