

## EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF DELIVERY: \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling. Please tick the box 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 & see the funny side of things**

- 0) As much as I always could
- 1) Not quite as much now
- 2) Definitely not as much now
- 3) Not at all

**2. I have looked forward with enjoyment to things**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

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

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

**4. I have been anxious and worried for no good reason**

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

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

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

**6. \* Things have been getting on top of me**

- Yes, most of the time I haven't been able to cope
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I coped quite well
- No, I have been coping as well as ever

**7. \* I have been unhappy that I have had difficulty sleeping**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

**8. \* I have felt sad or miserable**

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

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

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

**10. \* The thought of harming myself has occurred to me**

- Yes, quite often
- Sometimes
- Hardly ever
- Never

## **SCORING THE EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)**

### **QUESTIONS 1 – 5**

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

### **QUESTIONS 6-10 marked with an \***

Are reversed scored, with the top box scored as a 3 and the bottom box scored as 0.

Scores of 12 or above distinguish borderline and probable cases from non cases