

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

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

Name: _____ Date: _____ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. 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 <input type="checkbox"/> As much as I always could
1 <input type="checkbox"/> Not quite so much now
2 <input type="checkbox"/> Definitely not so much now
3 <input type="checkbox"/> Not at all | 6. Things have been getting on top of me
3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope
2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
1 <input type="checkbox"/> No, most of the time I have coped quite well
0 <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things
0 <input type="checkbox"/> As much as I ever did
1 <input type="checkbox"/> Rather less than I used to
2 <input type="checkbox"/> Definitely less than I used to
3 <input type="checkbox"/> Hardly at all | 7. I have been so unhappy that I have had difficulty sleeping
3 <input type="checkbox"/> Yes, most of the time
2 <input type="checkbox"/> Yes, sometimes
1 <input type="checkbox"/> Not very often
0 <input type="checkbox"/> No, not at all |
| 3. I have blamed myself unnecessarily when things went wrong
3 <input type="checkbox"/> Yes, most of the time
2 <input type="checkbox"/> Yes, some of the time
1 <input type="checkbox"/> Not very often
0 <input type="checkbox"/> No, never | 8. I have felt sad or miserable
3 <input type="checkbox"/> Yes, most of the time
2 <input type="checkbox"/> Yes, quite often
1 <input type="checkbox"/> Not very often
0 <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason
0 <input type="checkbox"/> No, not at all
1 <input type="checkbox"/> Hardly ever
2 <input type="checkbox"/> Yes, sometimes
3 <input type="checkbox"/> Yes, very often | 9. I have been so unhappy that I have been crying
3 <input type="checkbox"/> Yes, most of the time
2 <input type="checkbox"/> Yes, quite often
1 <input type="checkbox"/> Only occasionally
0 <input type="checkbox"/> No, never |
| 5. I have felt scared or panicky for no very good reason
3 <input type="checkbox"/> Yes, quite a lot
2 <input type="checkbox"/> Yes, sometimes
1 <input type="checkbox"/> No, not much
0 <input type="checkbox"/> No, not at all | 10. The thought of harming myself has occurred to me
3 <input type="checkbox"/> Yes, quite often
2 <input type="checkbox"/> Sometimes
1 <input type="checkbox"/> Hardly ever
0 <input type="checkbox"/> Never |

Total Score

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

Translations for care-provider use available on PSBC website: perinatalservicesbc.ca.

The Royal College of Psychiatrists 1987. From Cox, JL, Holden, JM, Sagovsky, R (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry. 150, 782–786. Reprinted with permission.