1 Self-test for depression symptoms in pregnancy and postpartum — Edinburgh Postnatal Depression Scale (EPDS)

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Name: ________________________________ Date: ______________

Number of Months Postpartum: ______

As you have recently had a baby, we would like to know how you are feeling. Please mark the answer which comes closest to how you have felt in the past 7 days not just how you feel today.

Example: I have felt happy

____ Yes, all the time
__X__ Yes, most of the time
____ No, not very often
____ No, not at all

In this example, the "x" means "I have felt happy most of the time during the past week." Please complete the following questions in the same way.

In the past 7 days:

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

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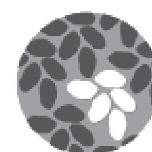

4. I have been anxious or worried for no good reason.

_____ 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 on top of me.

_____Yes, most of the time I haven't been able to cope	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
_____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
_____Only occasionally	1
_____No, never	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

To score this measure:
Add up the numbers appearing beside your answer for each question.

If you score 1, 2, or 3 on question #10, you should consult with your family physician as soon as possible.

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