



Edinburgh Postnatal Depression Scale (EPDS)

Your Name: _____ Your DOB: _____ Patient DOB: _____

Not completed because mother was not present at visit.

Please check the answer that 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 humor in things:
__ As much as I always could
__ Not quite so much now
__ Definitely not so much now
__ 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
__ No, most of the time I have coped quite well
__ No, I have been coping as well as ever |
| 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 | 7. *I have been so unhappy that I can't sleep:
__ Yes, most of the time
__ Yes, sometimes
__ Not very often
__ No, not 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 | 8. *I have felt sad or miserable:
__ Yes, most of the time
__ Yes, quite often
__ Not very often
__ No, not at all |
| 4. I have been anxious/worried for no good reason:
__ No, not at all
__ Hardly ever
__ Yes, sometimes
__ Yes, very often | 9. *I have been so unhappy that I've been crying:
__ Yes, most of the time
__ Yes, quite often
__ Only occasionally
__ No, never |
| 5. *I have felt scared or panicky for no reason:
__ Yes, quite a lot
__ Yes, sometimes
__ No, not much
__ No, not at all | 10. *I have thought of harming myself:
__ Yes, quite often
__ Sometimes
__ Hardly ever
__ Never |

Signature: _____ Date: _____



PANDA
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