



BC PERINATAL HEALTH PROGRAM

**Edinburgh Postnatal Depression Scale (EPDS)**

*For use between 28 - 32 weeks in all pregnancies*

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

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

Source: Cox, JL, Holden, JM, Sagovsky, R (1987). Department of Psychiatry, University of Edinburgh.