



Edinburgh Postnatal Depression Scale (EPDS) Self-Assessment

Please circle the answer that best describes how you have felt over the past seven days.

1. I have been able to laugh and see the funny side of things.

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

2. I have looked forward with enjoyment to things

0=As much as I ever did
1=Rather less than I used to
2=Definitely less than I used to
3=Hardly at all

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

3=Yes, most of the time
2=Yes, some of the time
1=Not very often
0=No, never

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

0=No, not at all
1=Hardly ever
2=Yes, sometimes
3=Yes, very often

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

3=Yes, quite a lot
2=Yes, sometimes
1=No, not so much
0=No, not at all

6. Things have been getting on top of me.

3=Yes, most of the time I have not been able to cope at all

2=Yes, sometimes I haven't been coping as well as usual

1=No, most of the time I have coped quite well

0=No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

3=Yes, most of the time

2=Yes, sometimes

1=Not very often

0=No, not at all

8. I have felt sad or miserable.

3=Yes, most of the time

2=Yes, quite often

1=Not very often

0=No, not at all

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

3=Yes, most of the time

2=Yes, quite often

1=Only occasionally

0=No, never

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

3=Yes, quite often

2=Sometimes

1=Hardly ever

0=Never

If your total score is 12 higher, contact your health care provider. If less than 12, you may repeat weekly to track your scores.