



4141 Madison Ave., Trumbull, CT 06611
Phone: (203) 371-8790 • Fax: (203) 373-0463
Bakerpediatrics.com • cmaloney@bakerpediatrics

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
Your Date of Birth: _____
Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
No, not very often Please complete the other questions in the same way.
No, not at all

In the past 7 days:

- 1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
*3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
*5. I have felt scared or panicky for no very good reason
*6. Things have been getting on top of me
*7. I have been so unhappy that I have had difficulty sleeping
*8. I have felt sad or miserable
*9. I have been so unhappy that I have been crying
*10. The thought of harming myself has occurred to me

Administered/Reviewed by _____ Date _____

1Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786 .

2Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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