Palm Beach
P E D I A T R I C S

EDINBURGH POSTNATAL DEPRESSION SCALE[1] (EPDS)

Name: _____   Address: _____

Your Date of Birth: _____   _____

Baby's Date of Birth: _____   _____

Baby's Name: _____   Phone: _____

Directions:
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
☐   As much as I always could
☐   Not quite so much now
☐   Definitely not so much now
☐   Not at all

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

*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

4.   I have been anxious or worried for no good reason
☐   No, not at all
☐   Hardly ever
☐   Yes, sometimes
☐   Yes, very often

*5.   I have felt scared or panicky for no very good reason
☐   Yes, quite a lot
☐   Yes, sometimes
☐   No, not much
☐   No, not at all

*6.   Things have been getting on top of me
☐   Yes, most of the time I haven't been able to cope at all
☐   Yes, sometimes I haven't been coping as well as usual
☐   No, most of the time I have coped quite well
☐   No, I have been coping as well as ever

*7.   I have been so unhappy that I have had difficulty sleeping
☐   Yes, most of the time
☐   Yes, sometimes
☐   Not very often
☐   No, not at all

*8.   I have felt sad or miserable
☐   Yes, most of the time
☐   Yes, quite often
☐   Not very often
☐   No, not at all

*9.   I have been so unhappy that I have been crying
☐   Yes, most of the time
☐   Yes, quite often
☐   Only occasionally
☐   No, never

*10.   The thought of harming myself has occurred to me
☐   Yes, quite often
☐   Sometimes
☐   Hardly ever
☐   Never

Administered/Reviewed by _____   Date _____