

Parent Name: _____

Baby's Name: _____

Parent Date of Birth: _____

Baby's Date of Birth: _____

Date: _____

Phone Number: _____

As you have recently had a baby, we would like to know how you are feeling.

Please check off the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

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

- ___ As much as I always could (0)
- ___ Not quite so much now (1)
- ___ Not so much now (2)
- ___ Not at all (3)

6. Things have been too much for me.

- ___ Yes, most of the time I haven't been able to cope at all (3)
- ___ Yes, sometimes I haven't been coping as well as usual (2)
- ___ No, most of the time I have coped well (1)
- ___ No, I have been coping as well as ever (0)

2. I have looked forward with enjoyment to things.

- ___ As much as I ever did (0)
- ___ Somewhat less than I used to (1)
- ___ A lot less than I used to (2)
- ___ Hardly at all (3)

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

- ___ Yes, most of the time (3)
- ___ Yes, sometimes (2)
- ___ Not very often (1)
- ___ No, not at all (0)

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

- ___ No, not at all (0)
- ___ Hardly ever (1)
- ___ Yes, sometimes (2)
- ___ Yes, very often (3)

8. I have felt sad or miserable

- ___ Yes, most of the time (3)
- ___ Yes, quite often (2)
- ___ Not very often (1)
- ___ No, not at all (0)

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

- ___ Yes, often (3)
- ___ Yes, sometime (2)
- ___ No, not much (1)
- ___ No, not at all (0)

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

- ___ Yes, most of the time (3)
- ___ Yes, quite often (2)
- ___ Only occasionally (1)
- ___ No, never (0)

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

- ___ Yes, often (3)
- ___ Yes, sometimes (2)
- ___ No, not much (1)
- ___ No, not at all (0)

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

- ___ Yes, quite often (3)
- ___ Sometimes (2)
- ___ Hardly ever (1)
- ___ Never (0)

*****OFFICE USE ONLY BELOW THIS LINE*****

Reviewed by: _____ Date: _____

TOTAL SCORE: _____

Edinburgh Postnatal Depression Scale (EPDS) (J.L. Cox, J.M. Holden, R. Sogovsky,
Department of Psychiatry, University of Edinburgh)