

# EPDS - Complete at 28 Week Visit

Name: \_\_\_\_\_ Date \_\_\_\_\_

As you will soon have a baby, we would like to know how you are feeling. Please CIRCLE the answer which 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.  
0 As much as I always could      2 Definitely not so much now  
1 Not quite so much now      3 Not at all
2. I have looked forward with enjoyment to things.  
0 As much as I ever did      2 Definitely less than I used to  
1 Rather 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      1 Not very often  
2 Yes, some of the time      0 No, never
4. I have been anxious or worried for no good reason.  
0 No, not at all      2 Yes, sometimes  
1 Hardly ever      3 Yes, very often
5. I have felt scared or panicky for no very good reason.  
3 Yes, quite a lot      1 No, not much  
2 Yes, sometimes      0 No, not at all
6. Things have been getting on top of me.  
3 Yes, most of the time I haven't 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      1 Not very often  
2 Yes, sometimes      0 No, not at all
8. I have felt sad or miserable.  
3 Yes, most of the time      1 Not very often  
2 Yes, quite often      0 No, not at all
9. I have been so unhappy that I have been crying.  
3 Yes, most of the time      1 Only occasionally  
2 Yes, quite often      0 No, never
10. The thought of harming myself has occurred to me.  
3 Yes, quite often      1 Hardly ever  
2 Sometimes      0 Never

Adapted from: Cox JL, Holden JM & Sagovsky R (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.