

**Instructions for users:**

1. The mother is asked to underline the response which comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

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

Address: \_\_\_\_\_

Baby's Age: \_\_\_\_\_

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

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 not 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

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items.