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## Edinburgh Postnatal Depression Scale (EPDS)

Client: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Baby's Age: \_\_\_\_\_ / Pregnant (GA/Wk) \_\_\_\_\_

Score: \_\_\_\_\_

Please, mark the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. Give this answered form to your health care provider or call the number above to discuss your results. A score of 12 or above indicates that you may be experiencing a more than usually difficult adjustment. **Any score other than 0 on item #10 requires that you discuss it with your doctor or a person of your trust since it may indicate you need immediate assistance.**

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

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

2. I have looked forward with enjoyment to things.

- (0) As much as I ever did
- (1) Rather less than I used to
- (2) Definitely 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
- (2) Yes, some of the time
- (1) Not very often
- (0) No, never

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

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

5. I have felt scared or panicky for not very good reason.

- (3) Yes, quite a lot
- (2) Yes, sometimes
- (1) No, not much
- (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
- (2) Yes, sometimes
- (1) Not very often
- (0) No, not at all

8. I have felt sad or miserable.

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

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

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

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

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