

Highland Pk Ob Gyn Associates, LTD 60 REVERE DR STE 750 NORTHBROOK IL 600621563 Ph: 847-272-7777 Fax:847-272-7709

Edinburgh Postnatal Depression Scale ¹ (EPDS)	
Name:	Address:
Your Date of Birth:	
Baby's Date of Birth:	Phone:
As you are pregnant or have recently had a baby, we wot answer that comes closest to how you have felt IN THE P	
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	y most of the time" during the past week.
□ No, not very often Please complete the other question:	·
□ No, not at all	,
In the past 7 days:	
1. I have been able to laugh and see the funny side of things	*6. Things have been getting on top of me
As much as I always could	Yes, most of the time I haven't been able to cope at all
Not quite so much now	\square Yes, sometimes I haven't been coping as well as usual
	\square No, most of the time I have copied quite well
Definitely not so much now	\square No, I have been coping as well as ever
Not at allI have looked forward with enjoyment to things	*7. I have been so unhappy that I have had difficulty sleeping
As much as I ever did)	Yes, most of the time
Rather less than I used to	Yes, sometimes
Definitely less than I used to	☐ Not very often
Hardly at all	No, not at all
*3. I have blamed myself unnecessarily when things	*8. I have felt sad or miserable
went wrong	\square Yes, most of the time
Yes, most of the time	Yes, quite often
Yes, some of the time	☐ Not very often
☐ Not very often	☐ No, not at all
No, never	*9. I have been so unhappy that I have been crying
4. I have been anxious or worried for no good reason	Yes, most of the time
☐ No, not at all	Yes, quite often
Hardly ever	Only occasionally
☐ Yes, sometimes	□ No, never
Yes, very often	*10. The thought of harming myself has occurred to me
*5. I have felt scared or panicky for no very good reason	Yes, quite often
Yes, quite a lot	Sometimes
Yes, sometimes	☐ Hardly ever
□ No, not much	Never
□ No, not at all	