



THE POSTPARTUM STRESS CENTER

The Postpartum Stress Center, LLC • 610.525.7527 • www.postpartumstress.com

Name _____

Today's Date _____

Pregnancy **Pregnancy loss** **Postpartum** _____ days / wks / months

Please circle the answer which comes closest to how you have felt in the past 7 days

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 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 Somewhat less than I used to
 - 2 A lot less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong.
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
4. I have been anxious or worried for no good reason.
 - 3 Yes, often
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
5. I have felt scared or panicky for no good reason.
 - 3 Yes, often
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been too much for 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 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

TOTAL SCORE _____

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