



The Balance and Wellness Center



Sports
Physical Therapy & Rehab Specialists

Restoring Human Performance

EPDS

Name: _____

Address: _____

Your Birth Date: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past 7 days:

1. I have been able to laugh and see the funny side of all 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 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 no 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
 - Yes, sometimes I haven't been able to cope
 - 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, sometimes
 - 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