### EPDS

Babies are a lot of work and parenting can be exhausting!

We care about how you are feeling and would like to hear from you!

The questions below can help you think about how things are going and talk with your pediatrician if you have concerns. Please circle the answer that best describes how you’ve been feeling in the past 7 days, not just how you feel today.

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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| 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.            | 0 No, Never  
1. Not very often  
2. Yes, some of the time  
3. Yes, most of the time |
| 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 no very good reason.                | 0 No, not at all  
1. No, not much  
2. Yes, sometimes  
3. Yes, quite a lot |
| 6. Things have been getting on top of me.                                | 0 No, I have been coping as well as ever  
1. No, most of the time I have coped quite well  
2. Yes, sometimes I haven’t been coping as well as usual  
3. Yes, most of the time I haven’t been able to cope at all |
| 7. I have been so unhappy that I have had difficulty sleeping.           | 0 No, not at all  
1. Not very often  
2. Yes, sometimes  
3. Yes, most of the time |
| 8. I have felt sad or miserable.                                         | 0 No, not at all  
1. Not very often  
2. Yes, quite often  
3. Yes, most of the time |
| 9. I have been so unhappy that I have been crying.                       | 0 No, never  
1. No, only occasionally  
2. Yes, quite often  
3. Yes, most of the time |
| 10. The thought of harming myself has occurred to me.                    | 0 Never  
1. Hardly ever  
2. Sometimes  
3. Yes, quite often |

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**Date**