INSTRUCTIONS: Please circle the number of the answer that comes closest to how you have felt in the past week – not just how you feel today.

1. In the past week 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. In the past week 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. In the past week 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. In the past week 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. In the last week I have felt scared or panicky for no very good reason:
   3. Yes, quite a lot
   2. Yes, sometimes
   1. No, not much
   0. No, not at all

6. In the past week 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. In the past week I have been so unhappy that I have difficulty sleeping:
   3. Yes, most of the time
   2. Yes, sometimes
   1. Not very often
   0. No, not at all

8. In the past week 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. In the past week 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. In the past week the thought of harming myself has occurred to me:
    3. Yes, quite often
    2. Sometimes
    1. Hardly ever
    0. Never

Completing Your Assessment. After you’ve answered each of the 10 questions, add together the circled numbers from each of your responses. If the total number is 5 to 8, it is likely that you have an anxiety disorder. If the total number is 9 to 10 or more, it is likely that you have depression.

If the total number is five or more, further assessment by a licensed mental health professional is recommended. If any number other than “0” is circled for question 10, you should contact a mental health professional immediately. Please note that the EPDS is an assessment tool and should not take the place of clinical judgment. A comprehensive clinical assessment by a licensed mental health professional should confirm your findings.