

Edinburgh Postnatal Depression Scale (EPDS)

Patient Name: _____ Patient Date of Birth: _____

Mother Name: _____ Mother Date of Birth: _____

Delivering Physician: _____

As you have recently had a baby, we would like to know how you are feeling. Please **circle** the answer that 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) Definitely not quite so much now
- (3) No, 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:

- (3) Yes, most of the time
- (2) Yes, some of the time
- (1) Not very often
- (0) No, never

4. I have been worried and anxious for no very good reason:

- (0) No, hardly at all
- (1) Hardly ever
- (2) Yes, sometimes
- (3) Yes, very often

5. 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. Things have been getting on top of me:

- (3) Yes, most of the time
- (2) Yes, sometimes
- (1) No, some of the time
- (0) No, not at all

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, never

8. I have felt sad or miserable:

- (3) Yes, most of the time
- (2) Yes, quite often
- (1) Not very often
- (0) No, never

9. I have been so unhappy that I cry:

- (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

I, _____, give permission for Morris Hospital and Healthcare Centers to input the Edinburgh Postnatal Depression Scale Screening into my child's medical record. I understand this information may be shared with my physician.

Signature of Parent/Legal Guardian: _____

Reviewed By: _____ Date: _____ Score: _____