

## **Edinburgh Postnatal Depression Scale (EPDS)**

People You Know. Extraordinary Care.

| 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 k to how you have felt <b>IN THE PAST 7 DAYS</b> . | know how you are feeling. Please <b>circle</b> the answer that comes closes |
| 1. I have been able to laugh and see the   | 6. Things have been getting on top of                                       |
| funny side of things:  | me:   |
| (0) As much as I always could  | (3) Yes, most of the time   |
| (1) Not quite so much now  | (2) Yes, sometimes  |
| (2) Definitely not quite so much now   | (1) No, some of the time  |
| (3) No, not at all   | (0) No, not at all  |
| 2. I have looked forward with enjoyment  | 7. I have been so unhappy that I have                                       |
| to things:   | had difficulty sleeping:  |
| (0) As much as I ever did  | (3) Yes, most of the time   |
| (1) Rather less that I used to   | (2) Yes, sometimes  |
| (2) Definitely less that I used to   | (1) Not very often  |
| (3) Hardly at all  | (0) No, never   |
| 3. I have blamed myself unnecessarily when   | 8. I have felt sad or miserable:  |
| things went wrong:   | (3) Yes, most of the time   |
| (3) Yes, most of the time  | (2) Yes, quite often  |
| (2) Yes, some of the time  | (1) Not very often  |
| (1) Not very often   | (0) No, never   |
| (0) No, never  |   |
| 4. I have been worried and anxious for no  | 9. I have been so unhappy that I cry:                                       |
| very good reason:  | (3) Yes, most of the time   |
| (0) No, hardly at all  | (2) Yes, quite often  |
| (1) Hardly ever  | (1) Only Occasionally   |
| (2) Yes, sometimes   | (0) No, never   |
| (3) Yes, very often  | .,  |
| 5. I have felt scared or panicky for no very   | 10. The thought of harming myself   |
| good reason:   | has occurred to me:   |
| (3) Yes, quite a lot   | (3) Yes, quite often  |
| (2) Yes, sometimes   | (2) Sometimes   |
| (1) No, not much   | (1) Hardly ever   |
| (0) No, not at all   | (0) Never   |
| , ,  | . ,   |
| I,, give pern  | nission for Morris Hospital and Healthcare Centers to input the             |
|  | to my child's medical record. I understand this information may be          |
|  |   |
| Signature of Parent/Legal Guardian:  | <del></del>   |
| Reviewed By:   | Date:Score:   |

1 Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.