

Edinburgh Postnatal Depression Scale¹ (EPDS)

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.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
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| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> As much as I always could Not quite so much now Definitely not so much now Not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have copied quite well No, I have been coping as well as ever |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> Yes, most of the time Yes, sometimes Not very often No, not at all |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> Yes, most of the time Yes, some of the time Not very often No, never | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> Yes, most of the time Yes, quite often Not very often No, not at all |
| <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> No, not at all Hardly ever Yes, sometimes Yes, very often | <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> Yes, most of the time Yes, quite often Only occasionally No, never |
| <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> Yes, quite a lot Yes, sometimes No, not much No, not at all | <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> Yes, quite often Sometimes Hardly ever Never |

(EPDS) Score: _____ Item 10 Positive Negative
 Provider Assessment: Score 0-9 Mother with negative screening, no intervention indicated
 Score 10-30 or Positive Item 10 Mother with possible postnatal depression

Interventions Provided:
 Recommended Mother follow up with her physician within the next week. Handout of resources will be provided.

Provider Signature: _____ Date: _____

Office Staff: Please scan document into Administrative Documents section

This Screening is billed to your insurance. If you have commercial insurance it may or may not be a covered benefit.