

Edinburgh Postnatal Depression Scale (EPDS)

Name of Mother _____ Patient Name/DOB: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** (✓) on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score.*

Below is an example already completed.

I have felt happy:
 Yes, all of the time _____ (0)
 Yes, most of the time _____ (1)
 No, not very often _____ (2)
 No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
 As much as I always could _____ (0)
 Not quite so much now _____ (1)
 Definitely not so much now _____ (2)
 Not at all _____ (3)
2. I have looked forward with enjoyment to things:
 As much as I ever did _____ (0)
 Rather less than I used to _____ (1)
 Definitely less than I used to _____ (2)
 Hardly at all _____ (3)
3. I have blamed myself unnecessarily when things went wrong:
 Yes, most of the time _____ (3)
 Yes, some of the time _____ (2)
 Not very often _____ (1)
 No, never _____ (0)
4. I have been anxious or worried for no good reason:
 No, not at all _____ (0)
 Hardly ever _____ (1)
 Yes, sometimes _____ (2)
 Yes, very often _____ (3)
5. I have felt scared or panicky for no good reason:
 Yes, quite a lot _____ (3)
 Yes, sometimes _____ (2)
 No, not much _____ (1)
 No, not at all _____ (0)
6. Things have been getting to me:
 Yes, most of the time I haven't been able to

7. I have been so unhappy that I have had difficulty sleeping:
 Yes, most of the time _____ (3)
 Yes, sometimes _____ (2)
 No, not very often _____ (1)
 No, not at all _____ (0)

8. I have felt sad or miserable:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Not very often _____ (1)
 No, not at all _____ (0)
 cope at all _____ (3)
 Yes, sometimes I haven't been coping as well as usual _____ (2)
 No, most of the time I have coped quite well _____ (1)
 No, I have been coping as well as ever _____ (0)

9. I have been so unhappy that I have been crying:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Only occasionally _____ (1) No, never _____ (0)

10. The thought of harming myself has occurred to me: *
 Yes, quite often _____ (3)
 Sometimes _____ (2)
 Hardly ever _____ (1)
 Never _____ (0)

TOTAL YOUR SCORE HERE

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*** If you scored a 1, 2 or 3 on question 10, PLEASE HEALTH CARE PROVIDER (OB/Gyn, family doctor or nursemidw OR GO TO THE EMERGENCY ROOM NOW ensure your own safety and of your baby.**

If your total score is 11 or more, you could be experiencing postpartum depression (PPD) or anxiety. PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nursemidwife) now to keep you and your baby safe.

If your total score is 9-10, we suggest you repeat this test week or call your health care provider (OB/Gyn, family doctor or nurse-midwife).

If your total score is 1-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:

- ✦ Getting sleep—nap when the baby naps.
- ✦ Asking friends and family for help.
- ✦ Drinking plenty of fluids.
- ✦ Eating a good diet.
- ✦ Getting exercise, even if it's just walking outside.

Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.

Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.