

Edinburgh Postnatal Depression Scale (EPDS)

Client Name/TCHIS#: _____

Date of Assessment: mm/dd/yy

Time: _____

Contact Type: T/C H/V

As you have recently had a baby, we would like to know how you are feeling now. Please underline or tell me the answer which comes closest to how you have felt in the past 7 days, not just how you feel today.

<p>A1. I have been able to laugh and see the funny side of things:</p> <p><input type="checkbox"/> 0 As much as I always could</p> <p><input type="checkbox"/> 1 Not quite so much now</p> <p><input type="checkbox"/> 2 Definitely not so much now</p> <p><input type="checkbox"/> 3 Not at all</p>	<p>A6. Things have been getting on top of me:</p> <p><input type="checkbox"/> 3 Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> 2 Yes, sometimes I haven't been coping as well as usual</p> <p><input type="checkbox"/> 1 No, most of the time I have coped quite well</p> <p><input type="checkbox"/> 0 No, I have been coping as well as ever</p>
<p>A2. I have looked forward with enjoyment to things:</p> <p><input type="checkbox"/> 0 As much as I ever did</p> <p><input type="checkbox"/> 1 Rather less than I used to</p> <p><input type="checkbox"/> 2 Definitely less than I used to</p> <p><input type="checkbox"/> 3 Hardly at all</p>	<p>A7. I have been so unhappy that I have had difficulty sleeping:</p> <p><input type="checkbox"/> 3 Yes, most of the time</p> <p><input type="checkbox"/> 2 Yes, sometimes</p> <p><input type="checkbox"/> 1 Not very often</p> <p><input type="checkbox"/> 0 No, not at all</p>
<p>A3. I have blamed myself unnecessarily when things went wrong:</p> <p><input type="checkbox"/> 3 Yes, most of the time</p> <p><input type="checkbox"/> 2 Yes, some of the time</p> <p><input type="checkbox"/> 1 Not very often</p> <p><input type="checkbox"/> 0 No, never</p>	<p>A8. I have felt sad or miserable:</p> <p><input type="checkbox"/> 3 Yes, most of the time</p> <p><input type="checkbox"/> 2 Yes, quite often</p> <p><input type="checkbox"/> 1 Not very often</p> <p><input type="checkbox"/> 0 No, not at all</p>
<p>A4. I have been anxious and worried for no very good reason:</p> <p><input type="checkbox"/> 0 No, not at all</p> <p><input type="checkbox"/> 1 Hardly ever</p> <p><input type="checkbox"/> 2 Yes, sometimes</p> <p><input type="checkbox"/> 3 Yes, very often</p>	<p>A9. I have been so unhappy I have been crying:</p> <p><input type="checkbox"/> 3 Yes, most of the time</p> <p><input type="checkbox"/> 2 Yes, quite often</p> <p><input type="checkbox"/> 1 Only occasionally</p> <p><input type="checkbox"/> 0 No, never</p>
<p>A5. I have felt scared or panicky for no very good reason:</p> <p><input type="checkbox"/> 3 Yes, quite a lot</p> <p><input type="checkbox"/> 2 Yes, sometimes</p> <p><input type="checkbox"/> 1 No, not very much</p> <p><input type="checkbox"/> 0 No, not at all</p>	<p>A10. The thought of harming myself has occurred to me:</p> <p><input type="checkbox"/> 3 Yes, quite often</p> <p><input type="checkbox"/> 2 Sometimes</p> <p><input type="checkbox"/> 1 Hardly ever</p> <p><input type="checkbox"/> 0 Never</p>

EPDS ITEM SCORE:	A	Score	A	Score
	1		6	
	2		7	
	3		8	
	4		9	
	5		10	
TOTAL Score				

Positive Response to Item 10

Yes

No

Date & Time of Recording: _____

Signature & Initials: _____

Printed Name: _____

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