

# EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

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. This is a screening test; not a medical diagnosis.

If something doesn't seem right, call your health care provider regardless of your score.

## 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)  
As much as I always could \_\_\_\_\_ (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:

- Not, 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 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)  
As much as I always could \_\_\_\_\_ (0)

## 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)

## 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)



**FINAL SCORE:**

# WHAT NEXT?

## HANDLING POSITIVE SCREENS:

- Refer patient to Emergency room (Question #10)
- For a patient overwhelmed by their mental health, extremely upset, anxious, providers can use the Virginia Community Service Boards (CSB's) to connect the patient with local mental health resources. More information can be found at the Virginia Department of Behavioral Health and Developmental Services.