

Edinburgh Postnatal Depression Scale (EPDS)

Name: _____ Baby's Name: _____

Your Date of Birth: _____ Baby's Date of Birth: _____ Phone: _____

Developmental and Mental Health screenings are recommended by the American Academy of Pediatrics to provide comprehensive care to your child. RTC Pediatrics bills these directly to your insurance company. The charge for this survey is \$35. I understand and agree that I am financially responsible for any charges not covered/paid by my insurance carrier for services provided by RTC Pediatrics including but not limited to co-insurance, copayment, and/or deductibles and agree that I am to pay any of these non-covered charges.

Signature: _____ Date: _____

You recently had a baby, and 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.

In the past 7 days:

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

Administered/Reviewed by: _____ Date: _____

1. Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the t10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

2. Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

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