

Utah Maternal Mental Health Collaborative ~ Moms Mental Health Matters!

Edinburgh Postnatal Depression Scale (EPDS)

From the British Journal of Psychiatry. June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky

Name: _____ Date: _____

Because you are pregnant or have recently had a baby, it is important to know how you are feeling. Please place an "X" next to the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today. **A score of 10 or higher indicates the likelihood of depression, but not its severity. If any number other than "0" is picked for question number 10, further assessment is required right away.** The EPDS Score is designed to assist, not replace, clinical judgment. Women who score 10 or higher should be further assessed before deciding on treatment. You may call WellMama, your local representative of Postpartum Support International, at 1-800-896-0410 for resources and referrals or go to www.postpartum.net.

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 very good reason.
 Yes, quite a lot 3
 Yes, sometimes 2
 No, not much 1
 No, not at all 0
6. Things have been getting on top of 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
 No, I have been coping as well as ever 0
7. I have been so unhappy that I have had difficulty sleeping.
 Yes, most of the time 3
 Yes, sometimes 2
 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