

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

## Edinburgh Postnatal Depression Scale (EPDS)\*

Please check the answer that comes closest to how you felt **IN THE PAST 7 DAYS**, not just how you feel today.

1. I have been able to laugh and see the funny side of things:

- ☐ 0 As much as I always could  
☐ 1 Not quite as much now  
☐ 2 Definitely not so much now  
☐ 3 Not at all

2. I have looked forward with enjoyment to things:

- ☐ 0 As much as I ever did  
☐ 1 Rather less than I used to  
☐ 2 Definitely less than I do  
☐ 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- ☐ 3 Yes, most of the time  
☐ 2 Yes, some of the time  
☐ 1 Not very often  
☐ 0 No, never

4. I have been anxious or worried for no good reason:

- ☐ 0 No, not at all  
☐ 1 Hardly ever  
☐ 2 Yes, sometimes  
☐ 3 Yes, very often

5. I have felt scared or panicky for no very good reason:

- ☐ 3 Yes, quite a lot  
☐ 2 Yes, sometimes  
☐ 1 No, not much  
☐ 0 No, not at all

6. Things have been getting on top of me:

- ☐ 3 Yes, most of the time I haven't been able to cope at all  
☐ 2 Yes, sometimes I haven't been coping as well as usual  
☐ 1 No, most of the time I have coped quite well  
☐ 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- ☐ 3 Yes, most of the time  
☐ 2 Yes, sometimes  
☐ 1 Not very often  
☐ 0 No, not at all

8. I have felt sad or miserable:

- ☐ 3 Yes, most of the time  
☐ 2 Yes, quite often  
☐ 1 Not very often  
☐ 0 No, not at all

9. I have been so unhappy that I have been crying:

- ☐ 3 Yes, most of the time  
☐ 2 Yes, quite often  
☐ 1 Only occasionally  
☐ 0 No, never

10. The thought of harming myself has occurred to me:

- ☐ 3 Yes, quite often  
☐ 2 Sometimes  
☐ 1 Hardly ever  
☐ 0 Never

*For provider use only*

TOTAL SCORE: \_\_\_\_\_

\_\_\_\_\_ Patient educational material distributed

\_\_\_\_\_ Patient referred to perinatal triage line: 415.600.3637

\_\_\_\_\_ Patient and provider called triage line together

\_\_\_\_\_ Verbal consent given to call patient's:

OB/GYN      Pediatrician      Therapist

