

West Virginia Department of Health and Human Resources
RIGHT FROM THE START PROGRAM
EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)



*Name: _____
Last First MI

*Prenatal
*Pregnancy Due Date: _____

*Social Security #: _____ *DOB: _____

*Postpartum
*Baby's DOB: _____

Because you are pregnant or you have recently had a baby, which can often result in mood changes, we would like to know how you are feeling. Please underline the answer which comes closest to how you have felt IN THE PAST SEVEN (7) DAYS, not just how you feel today. Please complete all ten items.

<p>1. I have been able to laugh and see the funny side of things.</p> <ul style="list-style-type: none"> As much as I always could Not quite so much now Definitely not so much now Not at all 	<p>_____</p> <p>Score</p>	<p>2. I have looked forward with enjoyment to things.</p> <ul style="list-style-type: none"> As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all 	<p>_____</p> <p>Score</p>
<p>3. I have blamed myself unnecessarily when things went wrong. (*)</p> <ul style="list-style-type: none"> Yes, most of the time Yes, some of the time Not very often No, never 	<p>_____</p> <p>Score</p>	<p>4. I have been anxious or worried for no good reason.</p> <ul style="list-style-type: none"> No, not at all Hardly ever Yes, sometimes Yes, very often 	<p>_____</p> <p>Score</p>
<p>5. I have felt scared or panicky for no very good reason. (*)</p> <ul style="list-style-type: none"> Yes, quite a lot Yes, sometimes No, not much No, not at all 	<p>_____</p> <p>Score</p>	<p>6. Things have been getting the best of me. (*)</p> <ul style="list-style-type: none"> Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, I have been coping as well as ever 	<p>_____</p> <p>Score</p>
<p>7. I have been so unhappy that I have had difficulty sleeping. (*)</p> <ul style="list-style-type: none"> Yes, most of the time Yes, sometimes Not very often No, not at all 	<p>_____</p> <p>Score</p>	<p>8. I have felt sad or miserable. (*)</p> <ul style="list-style-type: none"> Yes, most of the time Yes, quite often Not very often No, not at all 	<p>_____</p> <p>Score</p>
<p>9. I have been so unhappy that I have been crying. (*)</p> <ul style="list-style-type: none"> Yes, most of the time Yes, quite often Only occasionally No, never 	<p>_____</p> <p>Score</p>	<p>10. The thought of harming myself has occurred to me. (*)</p> <ul style="list-style-type: none"> Yes, quite often Sometimes Hardly ever Never 	<p>_____</p> <p>Score</p>

Client's Signature: _____ Date: _____

DCC Signature: _____ Date: _____

DCC Agency: _____

*EPDS Score:

*Referred to: Medical Provider
Emergency Room

*Date: _____

*Required Field

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J. L. Cox, J.M. Holden R. Sagovsky
From: British Journal of Psychiatry (1987), 150, 782-786.