

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.

1. I have been able to laugh and see the funny side of things. • As much as I always could • Not quite so much now • Definitely not so much now • Not at all	Score _____	2. I have looked forward with enjoyment to things. • As much as I ever did • Rather less than I used to • Definitely less than I used to • Hardly at all	Score _____
3. I have blamed myself unnecessarily when things went wrong. (*) • Yes, most of the time • Yes, some of the time • Not very often • No, never	Score _____	4. I have been anxious or worried for no good reason. • No, not at all • Hardly ever • Yes, sometimes • Yes, very often	Score _____
5. I have felt scared or panicky for no very good reason. (*) • Yes, quite a lot • Yes, sometimes • No, not much • No, not at all	Score _____	6. Things have been getting the best of me. (*) • 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	Score _____
7. I have been so unhappy that I have had difficulty sleeping. (*) • Yes, most of the time • Yes, sometimes • Not very often • No, not at all	Score _____	8. I have felt sad or miserable. (*) • Yes, most of the time • Yes, quite often • Not very often • No, not at all	Score _____
9. I have been so unhappy that I have been crying. (*) • Yes, most of the time • Yes, quite often • Only occasionally • No, never	Score _____	10. The thought of harming myself has occurred to me. (*) • Yes, quite often • Sometimes • Hardly ever • Never	Score _____

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.