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

*Name: ____________________________
  Last Name: ____________________
  First Name: ____________________
  MI: ____________________

*Social Security #: ____________________

*DOB: ____________________

*Pregnancy Due Date: ____________________

*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: ____________________

*Required Field

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