Edinburgh Postnatal Depression Scale (EPDS)

The following questionnaire was developed to detect if a woman may have depression following childbirth. Please save this questionnaire and answer the questions six to eight weeks after your delivery. It usually takes about five minutes to complete. We recommend that you bring the completed questionnaire to your provider when you have your check-up appointment after delivery to discuss the results.

Please check the answer that comes closest to how you have felt in the past seven days, not just how you feel today.

- 1. I have been able to laugh and see the funny side of things.
 - O As much as I always could (0)
 O Not quite so much now (1)
 O Definitely not so much now (2)
 - O Not at all (3)
- 2. I have looked forward with enjoyment to things.
 O As much as I ever did (0)
 O Rather less than I used to (1)
 O Definitely less than I used to (2)
 O Hardly at all (3)
- 3. I have blamed myself unnecessarily when things go wrong.
 - O Yes, most of the time (3)
 O Yes, some of the time (2)
 O Not very often (1)
 O No, never (0)
- 4. I have been anxious or worried for no good reason.
 - O No, not at all (0)
 O Hardly ever (1)
 O Yes, sometimes (2)
 O Yes, very often (3)
- 5. I have felt scared or panicky for no very good reason.
 O Yes, quite a lot (3)
 - Yes, sometimes (2) • No, not much (1)
 - **O** No, not at all (0)

6. Things have been getting on top of me.

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

- 7. I have been so unhappy that I have had difficulty sleeping.
 O Yes, most of the time (3)
 O Yes, sometimes (2)
 O Not very often (1)
 O No, not at all (0)
- 8. I have felt sad or miserable.
 O Yes, most of the time (3)
 O Yes, quite often (2)
 O Not very often (1)
 O No, not at all (0)
- 9. I have been so unhappy that I have been crying.O Yes, most of the time (3)
 - O Yes, quite often (2)
 O Only occasionally (1)
 O No, never (0)
- 10. The thought of harming myself has occurred to me.
 - O Yes, quite often (3)
 - O Sometimes (2)
 - O Hardly ever (1)
 - **O** Never (0)

Scoring	
Question Number	Your Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total:	

Scoring: Please add all your scores together from questions 1-10. A total score higher than 12 indicates you may be experiencing symptoms of depression. Talk to your doctor for further information. Or, if you prefer, you may contact the Tufts Health Plan Outpatient Service at (800) 208-9565 for assistance selecting a behavioral health clinician.

Cox JL, Holden JM, Sagovsky, R: Edinburgh Postnatal Depression Scale (EPDS). British Journal of Psychiatry 1987; Vol. 150.