

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the past 7 days:**

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

* As much as always
* Not quite so much now
* Definitely not so much now
* Not at all

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

**\***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

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

* No, not at all
* Hardly ever
* Yes, sometimes
* Yes, very often

**\***5. I have felt scared or panicky for no good reason

* Yes, quite a lot
* Yes, sometimes
* No, not much
* No, not at all

Source: Cox J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Developed of the 10 – item EPDS. British Journal of Psychiatry 150:782-786

Source: K.L. Wisner, B.L.Parry, C.M. Pionteck, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

**Edinburgh Postnatal Depression Scale (EPDS)**

**Ages: 2-4 weeks, 2 mo, 4 mo, 6 mo**

Please read: **This is a recommended screening. This will be billed to your insurance. If it’s not a covered benefit on your policy, the max out of pocket is $21.**

**\***6. Things have been getting on top 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

**\***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

**\***8. I have felt sad or miserable

* Yes, most of the time
* Yes, quite often
* Not very often
* No, not at all

**\***9. I have been so unhappy that I have been crying

* Yes, most of the time
* Yes, quite often
* Only occasionally
* No, never

**\***10. The thought of harming myself has occurred to me

* Yes, quite often
* Sometimes
* Hardly ever
* Never

Staff use for Scoring: \* = 3,2,1,0

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