

## Edinburgh Postnatal Depression scale (EPDS)

The Edinburgh Postnatal Depression scale (EPDS; Cox, Holden, & Sagovsky, 1987) was developed to identify significant depressive symptoms among pregnant women and postpartum mothers. The EPDS is one of the mostly widely used screening tools, and I provide it here both for the purpose of self-screening and for providers who may be looking for a reliable screening tool for the women they work with.

Having a baby brings many changes and challenges, and it can sometimes be difficult to separate out what is an expectable part of pregnancy or the postpartum period and what might require additional support or treatment, such as depression or anxiety. This tool is intended as a screening to identify possible symptoms of depression and anxiety; it does not take the place of a thorough and professional diagnostic assessment.

If your **total score** on the EPDS is **10 or higher**, this indicates possible perinatal depression. Please contact Jen Perfetti at 608-354-3238, or another mental health provider who has experience with perinatal depression, for a diagnostic assessment and to discuss what treatment options might be the best fit for your needs. If you indicated a 2 or a 3 on item #10, please tell a family member or friend, call 911 immediately, and take any other precautions necessary to ensure your safety.

Circle the number for each statement, which best describes how often you felt or behaved this way  
**in the past 7 days....**

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

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all

**2) I have looked forward with enjoyment to things.**

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

**3) I have blamed myself unnecessarily when things went wrong.**

- 0 No not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

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

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

**5) I felt scared or panicky for no very good reason.**

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

**6) Things have been getting on top of me.**

- 3 Yes, most of the time I have not been able to cope at all
- 2 Yes, sometimes I have not been coping as well as usual
- 1 No, most of the time I have coped quite well
- 0 No, I have been coping as well as ever

**7) I have felt so unhappy that I have had difficulty sleeping.**

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

**8) I have felt sad and miserable.**

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

**9) I have been so unhappy that I have been crying**

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

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

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly
- 0 Never

<b>Column Total =</b> _____	<b>Column Total =</b> _____	<b>Total =</b> _____
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