

LOUDOUN  
PEDIATRIC  
ASSOCIATES

The Providers and staff of Loudoun Pediatric Associates want to ensure your parenting experience is going well during this exciting time. Please take a few minutes to complete this assessment. We provide this assessment for every new mother. As you have recently had a new baby, we would like to know how you are feeling. It's not easy being a new mother and it's ok to feel unhappy at times.

Please be as honest as possible and state the answer which comes closest to how you have felt in the past 7 days not just how you feel today.

We will provide this screening again at your baby's 2 week, 2 month and 6 month physicals.

Thank you for taking this time for you!

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time  
 Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.  
 No, not very often      Please complete the other questions in the same way.  
 No, not at all

In the past 7 days:

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
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 very good reason  
 Yes, quite a lot  
 Yes, sometimes  
 No, not much  
 No, not at all
- \*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

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

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

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Plontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

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