

Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Name: _____

Your Age: _____ Weeks of Pregnancy/Age of Baby: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a CHECK MARK (✓) on the blank by the answer that comes closest to how you have felt IN THE PAST 7 DAYS—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, **call your health care provider regardless of your score.**

Below is an example already completed.

I have felt happy:
 Yes, all of the time _____(0)
 Yes, most of the time ☒ (1)
 time No, not very _____(2)
 often No, not at all _____(3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
 As much as I always could _____(0)
 Not quite so much now _____(1)
 Definitely not so much now _____(2)
 Not at all _____(3)

2. I have looked forward with enjoyment to things:
 As much as I ever did Rather _____(0)
 less than I used to Definitely _____(1)
 less than I used to Hardly at all _____(2)
 _____(3)

3. I have blamed myself unnecessarily when things went wrong:
 Yes, most of the time _____(3)
 Yes, some of the time _____(2)
 Not very often _____(1)
 No, never _____(0)

4. I have been anxious or worried for no good reason:
 No, not at all _____(0)
 Hardly ever _____(1)
 Yes, sometimes _____(2)
 Yes, very often _____(3)

5. I have felt scared or panicky for no good reason: Yes, quite a lot _____(3)
 Yes, sometimes _____(2)
 No, not much No, _____(1)
 not at all _____(0)

6. Things have been getting to me:
 Yes, most of the time I haven't been able to cope at all _____(3)
 Yes, sometimes I haven't been coping as well as usual _____(2)
 No, most of the time I have coped quite well _____(1)
 No, I have been coping as well as ever _____(0)

7. I have been so unhappy that I have had difficulty sleeping:
 Yes, most of the time _____(3)
 Yes, sometimes _____(2)
 No, not very often _____(1)
 No, not at all _____(0)

8. I have felt sad or miserable:
 Yes, most of the time _____(3)
 Yes, quite often _____(2)
 Not very often _____(1)
 No, not at all _____(0)

9. I have been so unhappy that I have been crying:
 Yes, most of the time _____(3)
 Yes, quite often _____(2)
 Only occasionally _____(1)
 No, never _____(0)

10. The thought of harming myself has occurred to me: *
 Yes, quite often _____(3)
 Sometimes _____(2)
 Hardly ever _____(1)
 Never _____(0)

Responses are scored 0, 1, 2 and 3 based on the seriousness of the symptom. Items 3, 5 to 10 are reverse scored (i.e., 3, 2, 1, and 0). The total score is found by adding together the scores for each of the 10 items.

The maximum score is 30. Scores over 10 indicate a possible mood disorder (please see the next page).

Please total up your score from all 10 questions and write it here:

Different Types of Perinatal Mood Disorders

Many women are not prepared for the wide range of feelings they may have after the birth of their baby. They often experience sadness, anger, guilt, anxiety, worry or a sense of inadequacy. Every mother is different and may have different combinations of feelings but the different types of mood disorders are typically:

Pregnancy depression and/or anxiety
(approx. 15% of pregnant women).

Postpartum depression & anxiety
(affecting 10-20% of all new mothers).

Postpartum post-traumatic stress disorder (PTSD) following a difficult labor or traumatic events shortly before or after labor: (approx. 6% of mothers).

Postpartum Obsessional Compulsive Disorder (OCD) (affecting approx. 3-5% postpartum women).

Postpartum psychosis: or puerperal psychosis (found in 0.1% of new mothers). Psychosis is serious and requires immediate medical attention and at times medication and hospitalization.

You have also downloaded my **Guide to Pregnancy and Postpartum Stress, Anxiety & Depression**. You can read more in-depth information about the different types of pregnancy and postpartum mood disorders there. The guide also gives you more information on ways to care of yourself emotionally.

So What Do I Do Now?

If you scored 1,2, or 3 on question 10, PLEASE CALL YOUR HEALTHCARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW to ensure your own safety and that of your baby.

If your score is 10 or more, you could be experiencing pregnancy or postpartum anxiety or depression. PLEASE CALL ME ON 847 791-7722 OR YOUR HEALTHCARE PROVIDER (OB/Gyn, family doctor or nurse-midwife). You are not alone in feeling this way and it is okay to reach out for support and help.

If your score was 8 or 9, I suggest you retake the test in one week or if you have any concerns please just call me to discuss them.

If your total score is 1-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal but if they continue for more than a week or two, call me on 847 791-7722 or your healthcare provider.

You might be feeling more anxious and worried than sad and tearful. If this is the case, please read more about pregnancy and postpartum anxiety in the Guide To Pregnancy & Postpartum Stress, Anxiety & Depression or call me on 847 791-7722 to discuss how you are feeling.

Regardless of your score, if you have concerns about how you are feeling, please call me to discuss them.

Help is available!

Whether you just need a few sessions to help navigate the transition to motherhood or whether you are in the depths of depression or waves of panic.

Don't feel you need to go through this alone.

Call Dr. Sarah Allen on 847 791-7722

