

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

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 felt **IN THE PAST SEVEN DAYS**, not just how you feel today.

<p>In the past seven days:</p> <p>1. I have felt happy:</p> <p>0 = Yes, all the time</p> <p>1 = Yes, most of the time</p> <p>2 = No, not very often</p> <p>3 = No, not at all</p>	<p>Here is a completed example:</p> <p>This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.</p>
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IN THE PAST SEVEN DAYS	IN THE PAST SEVEN DAYS
<p>1) I have been able to laugh and see the funny side of things.</p> <p>0 = As much as I could</p> <p>1 = Not quite so much now</p> <p>2 = Definitely not so much now</p> <p>3 = Not at all</p>	<p>*6) Things have been overwhelming for me.</p> <p>3 = Yes, most of the time I haven't been able to cope at all</p> <p>2 = Yes, sometimes I haven't been coping as well as usual</p> <p>1 = No, most of the time I have coped quite well</p> <p>0 = No, I have been coping as well as ever</p>
<p>2) I have looked forward with enjoyment to things.</p> <p>0 = As much as I ever did</p> <p>1 = Less than I used to</p> <p>2 = Definitely less than I use to</p> <p>3 = Hardly at all</p>	<p>*7) I have been so unhappy that I have had difficulty sleeping.</p> <p>3 = Yes, most of the time</p> <p>2 = Yes, sometimes</p> <p>1 = Not very often</p> <p>0 = No, not at all</p>
<p>*3) I have blamed myself unnecessarily when things went wrong.</p> <p>3 = Yes, most of the time</p> <p>2 = Yes, some of the time</p> <p>1 = Not very often</p> <p>0 = No, never</p>	<p>*8) I have felt sad or miserable.</p> <p>3 = Yes, most of the time</p> <p>2 = Yes, quite often</p> <p>1 = Not very often</p> <p>0 = No, not at all</p>
<p>4) I have been anxious or worried for no good reason.</p> <p>0 = No, not at all</p> <p>1 = Hardly ever</p> <p>2 = Yes, sometimes</p> <p>3 = Yes, very often</p>	<p>*9) I have been so unhappy that I have been crying.</p> <p>3 = Yes, most of the time</p> <p>2 = Yes, quite often</p> <p>1 = Only occasionally</p> <p>0 = No, never</p>
<p>*5) I have felt scared or panicky for no good reason.</p> <p>3 = Yes, quite a lot</p> <p>2 = Yes, sometimes</p> <p>1 = No, not much</p> <p>0 = No, not at all</p>	<p>*10) The thought of harming myself has occurred to me.</p> <p>3 = Yes, quite often</p> <p>2 = Sometimes</p> <p>1 = Hardly ever</p> <p>0 = Never</p>

TOTAL SCORE =

Patient Name: _____ ACCT#: _____ MRN#: _____

CONSENT TO / OR REFUSAL OF EDINBURGH POSTNATAL DEPRESSION SCALE

Consent to Edinburgh Postnatal Depression Scale

I understand and agree to the following regarding this screening tool. I am not required to complete this screening. Mercy Health Corporation, including any of its affiliates ("Mercyhealth"), will not restrict or withhold any care from my baby or me if I refuse this screening. I have been offered this screening to promote my health and well-being. If my results suggest I may benefit from additional evaluation or care, my results will be sent to my primary care physician regardless of how I feel about them. The practitioner administering this screening will help me schedule an appointment with my physician. The practitioner administering this screening may discuss my results with my spouse, another family member or any person I may designate if necessary to safeguard my health and well-being. The practitioner administering this screening may be an employee of Mercyhealth or an independent practitioner not employed by Mercyhealth. Having had all of my questions answered to my satisfaction, I have freely and voluntarily completed this screening tool.

Signature:	Date:	Time:
Print Name:		
Administered by:	Date:	Time:

Refusal of Edinburgh Postnatal Depression Scale:

I understand and agree to the following regarding this screening tool. I am not required to complete this screening. I have been offered this screening to promote my health and well-being. The practitioner presenting this screening tool to me has explained the reasons why I have been offered this screen. The practitioner presenting this screening tool has reviewed all parts of the tool I have asked to be reviewed and answered all of my questions to my satisfaction. The practitioner presenting this screening may be an employee of Mercyhealth or an independent practitioner not employed by Mercyhealth. Mercyhealth will not restrict or withhold any care from my baby or me if I refuse this screening. Being fully informed as to the purpose of the screening tool and that Mercyhealth would use it to promote my health and well-being; I have freely and voluntarily refused to complete this screening tool.

Signature:	Date:	Time:
Print Name:		
Presented by:	Date:	Time:

- 1 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

INTERPRETATION REQUIREMENTS: If the consenting party is unable to read or understand English, this form has been interpreted by _____ (Interpreter) to _____ (Language) for the consenting party, in the presence of the signing witness. The consenting party has indicated his / her understanding of this form. Method of interpretation: _____

Signature of Interpreter (if present): _____ Date: _____ Time: _____