



Maternal Mental Health Screen (EPDS)

File in mother's medical chart

For each of the following statements, pick the response that best describes how you have been feeling in the past 7 days – not just how you're feeling today.*

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| <p>1. I have been able to laugh and see the funny side of things.</p> <p>a) As much as I always could (0)</p> <p>b) Not quite so much now (1)</p> <p>c) Definitely not so much now (2)</p> <p>d) Not at all (3)</p> <p>2. I have looked forward with enjoyment to things.</p> <p>a) As much as I ever did (0)</p> <p>b) Rather less than I used to (1)</p> <p>c) Definitely less than I used to (2)</p> <p>d) Hardly at all (3)</p> | <p>6. Things have been getting on top of me.</p> <p>a) Yes, most of the time I haven't been able to cope at all (3)</p> <p>b) Yes, sometimes I haven't been coping as well as usual (2)</p> <p>c) No, most of the time I have coped quite well (1)</p> <p>d) No, I have been coping as well as ever (0)</p> <p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p>a) Yes, most of the time (3)</p> <p>b) Yes, sometimes (2)</p> <p>c) Not very often (1)</p> <p>d) No, not at all (0)</p> <p>8. I have felt sad or miserable.</p> <p>a) Yes, most of the time (3)</p> <p>b) Yes, quite often (2)</p> <p>c) Not very often (1)</p> <p>d) No, not at all (0)</p> <p>9. I have been so unhappy that I have been crying.</p> <p>a) Yes, most of the time (3)</p> <p>b) Yes, quite often (2)</p> <p>c) Only occasionally (1)</p> <p>d) No, never (0)</p> <p>10. The thought of harming myself has occurred to me.</p> <p>a) Yes, quite often (3)</p> <p>b) Sometimes (2)</p> <p>c) Hardly ever (1)</p> <p>d) Never (0)</p> |
|---|--|
3. I have blamed myself unnecessarily when things went wrong.

a) Yes, most of the time (3)

b) Yes, some of the time (2)

c) Not very often (1)

d) No, never (0)

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

a) No, not at all (0)

b) Hardly ever (1)

c) Yes, sometimes (2)

d) Yes, very often (3)

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

a) Yes, quite a lot (3)

b) Yes, sometimes (2)

c) No, not much (1)

d) No, not at all (0)

Anxiety Subscale: (score of >4 on items 3, 4, 5 signals risk for anxiety).

To calculate your total score, add up the points for each question (the point value for each question is in brackets after the response). If your total score is 12 or higher, or if your answer to Question 10 is a) Yes, quite often, or b) Sometimes, don't wait – discuss your feelings with your healthcare provider or call the Healthline at 811.

Date screen completed: _____ Mother's HSN: _____

Full name of mother/expecting mother: _____

Last name of baby (if different than mother): _____

Weeks gestation _____ or weeks postpartum _____

Overall Score: _____ / Anxiety Risk Score: _____

Referred? Yes No If yes, to whom? _____

*Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782 - 786.