

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

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

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_

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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:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I always could</li><li><input type="checkbox"/> Not quite so much now</li><li><input type="checkbox"/> Definitely not so much now</li><li><input type="checkbox"/> Not at all</li></ul> <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><li><input type="checkbox"/> As much as I ever did</li><li><input type="checkbox"/> Rather less than I used to</li><li><input type="checkbox"/> Definitely less than I used to</li><li><input type="checkbox"/> Hardly at all</li></ul> <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, some of the time</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, never</li></ul> <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> No, not at all</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Yes, very often</li></ul> <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite a lot</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> No, not much</li><li><input type="checkbox"/> No, not at all</li></ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li><li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li><li><input type="checkbox"/> No, most of the time I have coped quite well</li><li><input type="checkbox"/> No, I have been coping as well as ever</li></ul> <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, sometimes</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Not very often</li><li><input type="checkbox"/> No, not at all</li></ul> <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, most of the time</li><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Only occasionally</li><li><input type="checkbox"/> No, never</li></ul> <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, quite often</li><li><input type="checkbox"/> Sometimes</li><li><input type="checkbox"/> Hardly ever</li><li><input type="checkbox"/> Never</li></ul> |
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Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<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. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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**OB QUESTIONNAIRE FORM**

1. Cathy J. Berry, MD & Associates. Providers function as a group and you may be seen and cared for by any of the practice's health care providers (physicians, certified nurse practitioners, nursing staff). The health care providers are both male and female and of various racial and ethnic origins.

Do you accept that you will be cared for by any of our providers? Yes  No

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2. I understand that if I am in need of a referral for community services, including Onondaga County Department of health and Onondaga County Department of Social Services, including public health nurses and / or visiting nurses, the exchange of medical information with agents of those community service(s) will occur.

This will include HIV and HIV related information. Yes  No

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3. I understand that as part of our comprehensive ambulatory care program, the medical record information of myself and my child is shared with Crouse Hospital.

This will include HIV and HIV related information. Yes  No

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4. Cathy J. Berry, MD & Associates generally follows the recommendations of the American College of Obstetrics and Gynecology as to the type and frequency of tests / procedures scheduled for patients during their pregnancy. The purpose of this is to provide a high level of quality medical care.

Should you decide to decline HIV testing, Crouse Hospital and your pediatrician will test and possibly treat your baby at delivery

I understand that while a patient has the right to refuse any test and / or procedures, a signed written refusal in the medical record will be required.

Yes  No

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5. Do you have religious or other personal restrictions on any form of medical treatment, including blood transfusions?

Yes  No

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6. Have you read and understood all of the above and have all of your questions been answered to your complete satisfaction?

Yes  No

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



CATHY J. BERRY, M.D.  
& ASSOCIATES | *Joining Hands in Women's Wellness*

### Stress Screening

	Circle one	
History of physical, emotional or sexual abuse?	Yes	No
Do you have a history of domestic violence? If yes but not anymore, how long ago?	Yes	No
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Do you currently have a safe place to live? If not where are you staying?	Yes	No
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Do you have enough food at home?	Yes	No
What is your current transportation? Do you have transportation issues?	Yes	No
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