

Edinburgh Postnatal Depression Scale (EPDS)

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.



Name: _____

Date: _____

We would like to know how you have been feeling in the past week. Please select the answer for each question that comes closest to how you have felt in the **last seven days**, not just how you feel today. Here is an example already completed.

I have felt happy:

- Yes, all of the time
- Yes, most of the time
- No, not very often
- No, not at all

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

<p>1. I have been able to laugh and see the funny side of things:</p> <ul style="list-style-type: none"> As much as I always could (0) Not quite so much now (1) Definitely not so much now (2) Not at all (3) 	<p>6. Things have been getting on top of me:</p> <ul style="list-style-type: none"> 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)
<p>2. I have looked forward with enjoyment to things:</p> <ul style="list-style-type: none"> As much as I ever did (0) Rather less than I used to (1) Definitely less than I used to (2) Hardly at all (3) 	<p>7. I have been so unhappy I have had difficulty sleeping:</p> <ul style="list-style-type: none"> Yes, most of the time (3) Yes, sometimes (2) No, not very often (1) No, not at all (0)
<p>3. I have blamed myself unnecessarily when things went wrong:</p> <ul style="list-style-type: none"> Yes, most of the time (3) Yes, some of the time (2) Not very often (1) No, never (0) 	<p>8. I have felt sad or miserable:</p> <ul style="list-style-type: none"> Yes, most of the time (3) Yes, quite often (2) Not very often (1) No, not at all (0)
<p>4. I have been anxious or worried for no good reason:</p> <ul style="list-style-type: none"> No, not at all (0) Hardly ever (1) Yes, sometimes (2) Yes, very often (3) 	<p>9. I have been so unhappy that I have been crying:</p> <ul style="list-style-type: none"> Yes, most of the time (3) Yes, quite often (2) Only occasionally (1) No, never (0)
<p>5. I have felt scared or panicky for no good reason:</p> <ul style="list-style-type: none"> Yes, quite a lot (3) Yes, sometimes (2) No, not much (1) No, not at all (0) 	<p>10. The thought of harming myself has occurred to me:</p> <ul style="list-style-type: none"> Yes, quite often (3) Sometimes (2) Hardly ever (1) Never (0)

<8: Depression not likely

9-11: Depression possible

12-13: Fairly high possibility of depression

>14: Probable depression

Positive score (1, 2, or 3) on question 10 (suicidality risk): Immediate discussion required

Score: _____

GAD-7 Anxiety Screening Tool

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Internal Medicine 2006 166:1092-1097.



Name: _____

Date: _____

Over the **past 2 weeks**, how often have you been bothered by any of the following problems? Circle one answer for each question.

<p>1. Feeling nervous, anxious, or on edge</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>5. Being so restless that it is hard to sit still</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>2. Not being able to stop or control worrying</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>6. Becoming easily annoyed or irritable</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>3. Worrying too much about different things</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>7. Feeling afraid, as if something awful might happen</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>4. Trouble relaxing</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	

If you circled any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

≥5: Mild Anxiety Symptoms
>10: Moderate Anxiety Symptoms
>15: Severe Anxiety Symptoms

Score: _____