Created On:

Location:

Provider:

PATIENT INFORMATION

Name:

Address:

Phone:

Your Date of Birth:

Baby's Date of Birth:

EPDS

Who is filling out this form?

[ ] **Self**
[ ] **Parent**
[ ] **Spouse**
[ ] **Guardian**
[ ] **Child**

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.

In the past 7 days:

I have been able to laugh and see the funny side of things

[ ] **As much as I always could**
[ ] **Not quite so much now**
[ ] **Definitely not so much now**
[ ] **Not at all**

I have looked forward with enjoyment to things

[ ] **As much as I ever did**
[ ] **Rather less than I used to**
[ ] **Definitely less than I used to**
[ ] **Hardly at all**

I have blamed myself unnecessarily when things went wrong

[ ] **Yes- most of the time**
[ ] **Yes- some of the time**
[ ] **Not very often**
[ ] **No- never**

I have been anxious or worried for no good reason

[ ] **No- not at all**
[ ] **Hardly ever**
[ ] **Yes- sometimes**
[ ] **Yes- very often**

I have felt scared or panicky for no very good reason

[ ] **Yes- quite a lot**
[ ] **Yes- sometimes**
[ ] **No- not much**
[ ] **No- not at all**

Things have been getting on top of me

[ ] **Yes- most of the time I haven't been able to cope at all**
[ ] **Yes- sometimes I haven't been coping as well as usual**
[ ] **No- most of the time I have coped quite well**
[ ] **No- I have been coping as well as ever**

I have been so unhappy that I have had difficulty sleeping

[ ] **Yes- most of the time**
[ ] **Yes- sometimes**
[ ] **Not very often**
[ ] **No- not at all**

I have felt sad or miserable

[ ] **Yes- most of the time**
[ ] **Yes- quite often**
[ ] **Only occasionally**
[ ] **No- never**

I have been so unhappy that I have been crying

[ ] **Yes- most of the time**
[ ] **Yes- quite often**
[ ] **Only occasionally**
[ ] **No- never**

The thought of harming myself has occurred to me

[ ] **Yes- quite often**
[ ] **Sometimes**
[ ] **Hardly ever**
[ ] **Never**

Today's Date: