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

Name:	Address:
Your Date of Birth:	
Baby's Date of Birth:	Phone:
As you are pregnant or have recently had a baby, we wo the answer that comes closest to how you have felt <b>IN T</b> !  Here is an example, already completed.	
I have felt happy:  ☐ Yes, all the time ☐ Yes, most of the time ☐ No, not very often ☐ No, not at all  I have felt happy: ☐ This would mean: "I have felt happy have felt happy: ☐ Please complete the other quantity happy have felt happy: ☐ Please complete the other quantity happy h	elt happy most of the time" during the past week. questions in the same way.
In the past 7 days:	
<ol> <li>I have been able to laugh and see the funny side of things         <ul> <li>As much as I always could</li> <li>Not quite so much now</li> <li>Definitely not so much now</li> <li>Not at all</li> </ul> </li> <li>I have looked forward with enjoyment to things         <ul> <li>As much as I ever did</li> <li>Rather less than I used to</li> <li>Definitely less than I used to</li> <li>Hardly at all</li> </ul> </li> <li>*3. I have blamed myself unnecessarily when things went wrong         <ul> <li>Yes, most of the time</li> <li>Yes, some of the time</li> <li>Not very often</li> <li>No, never</li> </ul> </li> </ol>	<ul> <li>*6. 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</li> <li>*7 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</li> <li>*8 I have felt sad or miserable  Yes, most of the time  Yes, quite often  Not very often  Not very often  No, not at all</li> </ul>
<ul> <li>I have been anxious or worried for no good reason</li> <li>No, not at all</li> <li>Hardly ever</li> <li>Yes, sometimes</li> <li>Yes, very often</li> </ul>	*9 I have been so unhappy that I have been crying  Yes, most of the time Yes, quite often Only occasionally No, never
*5 I have felt scared or panicky for no very good reason  Yes, quite a lot Yes, sometimes No, not much No, not at all	*10 The thought of harming myself has occurred to me  Ves, quite often  Sometimes Hardly ever Never
Administered/Reviewed by	Date
<sup>1</sup> Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of	

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Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

<sup>&</sup>lt;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

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

Postpartum depression is the most common complication of childbearing.<sup>2</sup> The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt *during the previous week*. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center < <a href="https://www.4women.gov">www.4women.gov</a>> and from groups such as Postpartum Support International < <a href="https://www.chss.iup.edu/postpartum">www.chss.iup.edu/postpartum</a>> and Depression after Delivery < <a href="https://www.depressionafterdelivery.com">www.depressionafterdelivery.com</a>>.

### **SCORING**

#### QUESTIONS 1, 2, & 4 (without an \*)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

#### QUESTIONS 3, 5-10 (marked with an \*)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

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### Instructions for using the Edinburgh Postnatal Depression Scale:

- 1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
- 2. All the items must be completed.
- 3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
- 4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

<sup>&</sup>lt;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>&</sup>lt;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