Edinburgh Postnatal Depression Scale\(^1\) (EPDS)

Name: ______________________________           Address: ______________________________

Your Date of Birth: ____________________       ___________________________

Baby’s Date of Birth: ___________________  Phone: ________________________________

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 \textbf{IN THE PAST 7 DAYS}, not just how you feel today.

Here is an example, already completed.

\textbf{I have felt happy:}
\begin{itemize}
  \item Yes, all the time
  \item Yes, most of the time \hspace{1cm} This would mean: “I have felt happy most of the time” during the past week.
  \item No, not very often
  \item No, not at all
\end{itemize}

\textbf{In the past 7 days:}

1. I have been able to laugh and see the funny side of things
\begin{itemize}
  \item As much as I always could
  \item Not quite so much now
  \item Definitely not so much now
  \item Not at all
\end{itemize}

2. I have looked forward with enjoyment to things
\begin{itemize}
  \item As much as I ever did
  \item Rather less than I used to
  \item Definitely less than I used to
  \item Hardly at all
\end{itemize}

*3. I have blamed myself unnecessarily when things went wrong
\begin{itemize}
  \item Yes, most of the time
  \item Yes, some of the time
  \item Not very often
  \item No, never
\end{itemize}

4. I have been anxious or worried for no good reason
\begin{itemize}
  \item No, not at all
  \item Hardly ever
  \item Yes, sometimes
  \item Yes, very often
\end{itemize}

*5 I have felt scared or panicky for no very good reason
\begin{itemize}
  \item Yes, quite a lot
  \item Yes, sometimes
  \item No, not much
  \item No, not at all
\end{itemize}

*6. Things have been getting on top of me
\begin{itemize}
  \item Yes, most of the time I haven’t been able to cope at all
  \item Yes, sometimes I haven’t been coping as well as usual
  \item No, most of the time I have coped quite well
  \item No, I have been coping as well as ever
\end{itemize}

*7 I have been so unhappy that I have had difficulty sleeping
\begin{itemize}
  \item Yes, most of the time
  \item Yes, sometimes
  \item Not very often
  \item No, not at all
\end{itemize}

*8 I have felt sad or miserable
\begin{itemize}
  \item Yes, most of the time
  \item Yes, quite often
  \item Not very often
  \item No, not at all
\end{itemize}

*9 I have been so unhappy that I have been crying
\begin{itemize}
  \item Yes, most of the time
  \item Yes, quite often
  \item Only occasionally
  \item No, never
\end{itemize}

*10 The thought of harming myself has occurred to me
\begin{itemize}
  \item Yes, quite often
  \item Sometimes
  \item Hardly ever
  \item Never
\end{itemize}

Administered/Reviewed by ________________________________    Date  ______________________________


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Edinburgh Postnatal Depression Scale\(^1\) (EPDS)

Postpartum depression is the most common complication of childbearing.\(^2\) 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 <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

### 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.
