

# Edinburgh Postnatal Depression Scale (EPDS)

Date: \_\_\_\_\_ Clinic Name/Number: \_\_\_\_\_

Your Age: \_\_\_\_\_ Weeks of Pregnancy/Age of Baby: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

*Below is an example already completed.*

I have felt happy:  
 Yes, all of the time \_\_\_\_\_ (0)  
 Yes, most of the time  (1)  
 No, not very often \_\_\_\_\_ (2)  
 No, not at all \_\_\_\_\_ (3)

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

1. I have been able to laugh and see the funny side of things:  
 As much as I always could \_\_\_\_\_ (0)  
 Not quite so much now \_\_\_\_\_ (1)  
 Definitely not so much now \_\_\_\_\_ (2)  
 Not at all \_\_\_\_\_ (3)
2. I have looked forward with enjoyment to things:  
 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)
3. I have blamed myself unnecessarily when things went wrong:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, some of the time \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)
4. I have been anxious or worried for no good reason:  
 No, not at all \_\_\_\_\_ (0)  
 Hardly ever \_\_\_\_\_ (1)  
 Yes, sometimes \_\_\_\_\_ (2)  
 Yes, very often \_\_\_\_\_ (3)
5. I have felt scared or panicky for no good reason:  
 Yes, quite a lot \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)  
 No, not much \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)
6. Things have been getting to me:  
 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)

7. I have been so unhappy that I have had difficulty sleeping:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)  
 No, not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)
8. I have felt sad or miserable:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)
9. I have been so unhappy that I have been crying:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Only occasionally \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)
10. The thought of harming myself has occurred to me: \*  
 Yes, quite often \_\_\_\_\_ (3)  
 Sometimes \_\_\_\_\_ (2)  
 Hardly ever \_\_\_\_\_ (1)  
 Never \_\_\_\_\_ (0)

### TOTAL YOUR SCORE HERE ►

**\* If you scored a 1, 2 or 3 on question 10, PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW** to ensure your own safety and that of your baby.

**If your total score is 11 or more**, you could be experiencing postpartum depression (PPD) or anxiety. **PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) now** to keep you and your baby safe.

**If your total score is 9-10**, we suggest you **repeat this test in one week or call your health care provider (OB/Gyn, family doctor or nurse-midwife)**.

**If your total score is 1-8, new mothers often have mood swings** that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or two, call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:

- Getting sleep—nap when the baby naps.
- Asking friends and family for help.
- Drinking plenty of fluids.
- Eating a good diet.
- Getting exercise, even if it's just walking outside.

**Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.**

*Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.*

See more information on reverse. ►

# Edinburgh Postnatal Depression Scale (EPDS) Scoring & Other Information

## ABOUT THE EPDS

Studies show that postpartum depression (PPD) affects at least 10 percent of women and that many depressed mothers do not get proper treatment. These mothers might cope with their baby and with household tasks, but their enjoyment of life is seriously affected, and it is possible that there are long term effects on the family.

The Edinburgh Postnatal Depression Scale (EPDS) was developed to assist health professionals in detecting mothers suffering from PPD; a distressing disorder more prolonged than the “blues” (which can occur in the first week after delivery).

The scale consists of 10 short statements. A mother checks off one of four possible answers that is closest to how she has felt during the past week. Most mothers easily complete the scale in less than five minutes.

Responses are scored 0, 1, 2 and 3 based on the seriousness of the symptom. Items 3, 5 to 10 are reverse scored (i.e., 3, 2, 1, and 0). The total score is found by adding together the scores for each of the 10 items.

Mothers scoring above 12 or 13 are likely to be suffering from depression and should seek medical attention. A careful clinical evaluation by a health care professional is needed to confirm a diagnosis and establish a treatment plan. The scale indicates how the mother felt during the previous week, and it may be useful to repeat the scale after two weeks.

## INSTRUCTIONS FOR USERS

1. The mother checks off the response that comes closest to how she has felt during the previous seven days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or reading difficulties.
5. The scale can be used at six to eight weeks after birth or during pregnancy.

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