

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS was developed for screening postpartum women for depression. It has been utilized among numerous populations and women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of a medical referral. Cut-off scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up with a mental health professional. Even if a woman scores less than 9, if there are other indications a woman is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

Instructions for Users

1. Check 1 of the 4 possible responses that comes the closest to how you have been feeling the past 7 days.
2. All 10 items must be completed.
3. Please do not discuss your answers with other people.
4. This form should be completed by yourself unless you have a difficulty reading.
5. Tabulate your score using the guidance above.
6. Contact the Center for Maternal Mental Health or a medical provider if you score a 9 or above, have thoughts of harming yourself or others, have persistent depressive symptoms, or have any difficulty with this form.

Name:

Date:

Phone Number:

Address:

Baby's Age:

As you have recently had a baby, we would like to know how you are feeling. Please check the box next to the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

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

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

In the past 7 days:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 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 | *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, have been coping as well as ever |
| 2. 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 | *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 |
| *3. I have blamed myself unnecessarily when things went wrong
Yes, most of the time
Yes, some of the time
Not very often
No, never | *8. I have felt sad or miserable
Yes, most of the time
Yes, quite often
Not very often
No, not at all |
| 4. I have been anxious or worried for no good reason
No, not at all
Hardly ever
Yes, sometimes
Yes, very often | *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
Yes, quite often
Sometimes
Hardly ever
Never |