

# Edinburgh Postnatal Depression Scale

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your age: \_\_\_\_\_ Baby's (expected) date of birth: \_\_\_\_\_

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.

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:

- |   |   |
|---|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p>As much as I always could<br/>Not quite so much now<br/>Definitely not so much now<br/>Not at all</p> | <p>6. Things have been getting on top of me</p> <p>Yes, most of the time I haven't been able to cope at all<br/>Yes, sometimes I haven't been coping as well as usual<br/>No, most of the time I have coped quite well<br/>No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p>As much as I ever did<br/>Rather less than I used to<br/>Definitely less than I used to<br/>Hardly at all</p>     | <p>7. I have been so unhappy that I have had difficulty sleeping</p> <p>Yes, most of the time<br/>Yes, sometimes<br/>Not very often<br/>No, not at all</p>  |
| <p>3. I have blamed myself unnecessarily when things went wrong</p> <p>Yes, most of the time<br/>Yes, some of the time<br/>Not very often<br/>No never</p>                    | <p>8. I have felt sad or miserable</p> <p>Yes, most of the time<br/>Yes, quite often<br/>Not very often<br/>No, not at all</p>  |
| <p>4. I have been anxious or worried for no good reason</p> <p>No, not at all<br/>Hardly ever<br/>Yes, sometimes<br/>Yes, very often</p>                                      | <p>9. I have been so unhappy that I have been crying</p> <p>Yes, most of the time<br/>Yes, quite often<br/>Only occasionally<br/>No, never</p>  |
| <p>5. I have felt scared or panicky for no very good reason</p> <p>Yes, quite a lot<br/>Yes, sometimes<br/>No, not much<br/>No, not at all</p>                                | <p>10. The thought of harming myself has occurred to me</p> <p>Yes, quite often<br/>Sometimes<br/>Hardly ever<br/>Never</p>   |

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

1. The mother is asked to underline the answer that matches best the way she has been feeling in the previous 7 days
2. All the items must be completed
3. The mother should not discuss the answers with others
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading
5. The EPDS should not override clinical judgment

## **Scoring**

Questions 1, 2 & 4:

- 0 if 1<sup>st</sup> option is underlined
- 1 if 2<sup>nd</sup> option is underlined
- 2 if 3<sup>rd</sup> option is underlined
- 3 if 4<sup>th</sup> option is underlined

Questions 3, 5-10:

- 3 if 1<sup>st</sup> option is underlined
- 2 if 2<sup>nd</sup> option is underlined
- 1 if 3<sup>rd</sup> option is underlined
- 0 if 4<sup>th</sup> option is underlined

Maximum score: 30

Possible depression: 10 or greater

Always look at item 10 (suicidal thoughts)