

## Edinburgh Postnatal Depression Scale (EPDS) Form\*

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Baby's Age or Pregnancy EDB: \_\_\_\_\_

**SAMPLE QUESTION:**

As you are pregnant or have recently had a baby, we would like to know how you are feeling.

Please circle 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:**

0 Yes, all the time

1 Yes most of the time

This would mean: "I have felt happy most of the time" during the past week.

2 No, not very often

Please complete the other questions in the same way.

3 No, not at all

**In the past 7 days:**

**1. I have been able to laugh and see the funny side of things:**

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all

**6. Things have been getting on top of me:**

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped quite well
- 0 No, I have been coping as well as ever

**2. I have looked forward with enjoyment to things:**

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

**7. I have been so unhappy that I have had difficulty sleeping:**

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

**3. I have blamed myself unnecessarily when things went wrong:**

- 3 Yes, most of the time
- 2 Yes, some of the time
- 1 Not very often
- 0 No, never

**8. I have felt sad or miserable:**

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

**4. I have been anxious or worried for no good reason:**

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

**9. I have been so unhappy that I have been crying:**

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

**5. I have felt scared or panicky for no good reason:**

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

**10. The thought of harming myself has occurred to me:**

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 No, never

**Total Score:**  **Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Source: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale (1987). *Br J of Psychiatry*, 150:782-786.

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# Edinburgh Postnatal Depression Scale (EPDS) for Postpartum Depression

## INSTRUCTIONS

1. The mother is asked to choose 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 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 has difficulty with reading.

## GENERAL GUIDELINES

- The EPDS can be administered anytime during pregnancy and throughout the postpartum period (birth to 12 months).
- The EPDS must be interpreted in combination with clinical judgment, and be part of a larger assessment.
- The score on the EPDS is not a diagnostic measure. It does not give an accurate indication of severity of symptoms, but does give indication of possible presence or absence of prenatal/postnatal depression and/or anxiety. It is always possible to have false-negative or false-positive results.
- If there are concerns regarding a woman's score, education regarding pertinent mental health community resources should be provided and follow-up should occur within a 2-week period.
- If mood continues to be low, follow up home visits should be done, and women should be encouraged to see their health care provider. If the woman does not respond to these interventions, referral to a mental health expert is warranted.
- The EPDS can be repeated any time within the first year, although research is needed to look at the impact of repetition on sensitivity & specificity.
- A translation of the EPDS or the English-language version explained by an interpreter may be used to open the subject for discussion, but only a validated translation may be assumed to give scores that have the same meaning as those from the original English.
- Cultural differences in interpretation might result in a score that does not accurately reflect the mother's mood.

## SCORING

**Questions 1, 2, and 4** are scored 0, 1, 2, or 3, with the top box scored as a 0 and the bottom box scored as a 3.

**Questions 3 and 5 to 10** are reverse-scored, with the top box scored as a 3 and the bottom box scored as 0.

**Add all 10 boxes** for the Total Score. The maximum score is 30. Review the cut-off criteria below.

**Always look at Question #10**, which indicates suicidal thoughts which may require immediate interventions.

**Sign** your name and date when the EPDS was completed.

The cut-off criterion should be interpreted cautiously with mothers who: 1) are non-English speaking; 2) use English as a second language, and/or 3) are from diverse cultures.

**NOTE: The EPDS score should not override clinical judgement.**

Language	EPDS Cut-off	
English	12/13	Scores above the EPDS score cut-off may indicate the presence of prenatal/postnatal depression and/or anxiety.  Source: Cox, J.L. & Holden, J. (2003) Perinatal Mental Health: A Guide to the Edinburgh Postnatal Depression Scale. London: Gaskell.  Registered Nurses' Association of Ontario (2005). Interventions for Postpartum Depression. Toronto, Canada: Registered Nurses' Association of Ontario.
Spanish	9/10	
Swedish	11/12	
Portuguese	9/10	
Japanese	8/9	
Arabic	10/11	
French	9/10	
Italian	9/10	
Chinese	9/10	
German	9/10	
Vietnamese	9/10	