

## **Edinburgh Postnatal Depression Scale:**

Since you have recently had a baby, we would like to know how you are feeling. Please **UNDERLINE** the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today. All the items must be completed. Please don't discuss your answers with others, complete the scale on your own. Add up your score. **This will be given to you at your 6 week visit**

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

- 0 = as much as I could
- 1 = not quite so much now
- 2 = definitely not so much now
- 3 = not at all

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 do
- 3 = hardly at all

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

- 3 = yes, most of the time
- 2 = yes, sometimes
- 1 = hardly ever
- 0 = no, not at all

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

- 3 = yes, very often
- 2 = yes, sometimes
- 1 = hardly ever
- 0 = no, not at all

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

- 3 = yes, quite a lot to me
- 2 = yes, sometimes
- 1 = no, not much
- 0 = no, not at all

**SCORE:** \_\_\_\_\_

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

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

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

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

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

- 3 = yes, quite often
- 2 = sometimes
- 1 = hardly ever
- 0 = never

**\*\*\*\*Scoring for the Edinburgh Postnatal Depression Scale (EPDS) on the next page (please fill out the scale before looking at the scoring information.)**

### **Scoring for the Edinburgh Postnatal Depression Scale (EPDS)**

- The 10-question 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. The scale will not detect mothers with anxiety, phobias or personality disorders.
- QUESTIONS 1, 2, & 4 are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3. QUESTIONS 3, 5 & 10 are reverse scored, with the top box scored as a 3 and the bottom box scored as 0. Maximum score: 30
- Mothers who score between 10 and 13 may have depression and it may be useful to reevaluate within 2 weeks. Mothers who score above 13 are likely to be suffering from depression of varying severity.
- Always look at item 10 (suicidal thoughts)