

PATIENT HANDOUT

Edinburgh Postnatal Depression Scale¹

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

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.

Q | **I have felt happy:**

- Yes, all the time No, not very often
 Yes, most of the time 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

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

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

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

- No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

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

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, I have been coping as well as ever

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

8 | I have felt sad or miserable*

- Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

9 | I have been so unhappy that I have been crying*

- Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never

10 | The thought of harming myself has occurred to me*

- Yes, quite often
 Sometimes
 Hardly ever
 Never

¹ Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

² Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

Administered/Reviewed by: _____ Date: _____

Edinburgh Postnatal Depression Scale¹ Information & Instructions

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (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.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt *during the previous week*. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center (<http://bit.ly/WomensHealthPPD>) and from groups such as Postpartum Support International (<http://bit.ly/PPSupportInternational>) and Depression after Delivery (<http://bit.ly/WhatIsPPD>)

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹ Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

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