

Edinburgh Postnatal Depression Scale (EPDS)

Taken from the British Journal of Psychiatry

June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky

The Edinburgh Postnatal Depression Scale has been developed to assist primary care health professionals to detect mothers suffering from postnatal depression; a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery) but less severe than puerperal psychosis. Previous studies have shown that postnatal depression affects at least 10% of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long-term effects on the family. The EPDS was developed at health centers in Livingston and Edinburgh. It consists of ten short statements. The mother underlines which of the four possible responses is closest to how she has been feeling during the past week. Most mothers complete the scale without difficulty in less than 5 minutes. The validation study showed that mothers who scored above threshold 92.3% were likely to be suffering from a depressive illness of varying severity. Nevertheless 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 and in doubtful cases it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder.

Instructions for users:

1. The mother is asked to underline the response which comes closest to how she has been feeling in the previous 7 days.
2. All ten 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.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items. Use 9 as a conservative cutoff score (less than 10% false negatives) and then evaluate further or refer.

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

EPDS

Mother's Name: _____ Mother's Date of Birth: _____

Baby's Name: _____ Baby's Date of Birth: _____

As 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.

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 not 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