

## **EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)**

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6–8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (\*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

### **Instructions for Users**

1. The mother is asked to underline 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.

**Name:**  
**Date:**  
**Address:**  
**Baby's Age:**

---

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.

---

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:**

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