

# Edinburgh Postnatal Depression Scale (EPDS)



Client ID  Client Name  DOB

Date  Nurse Home Visitor ID  Nurse Home Visitor Name

Check one:  Intake  Pregnancy 36 Weeks  Infancy 1-8 Weeks  Infancy 4-6 Months  Infancy 12 Months  
 Additional (PRN)

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

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* 150:782-78

## **Instructions**

1. The client 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 client discussing her answers with others.
4. The client should complete the scale herself, unless she has limited English or has difficulty with reading.

## **Scoring**

**Questions 1, 2, & 4:** Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms

**Questions 3, 5-10 (marked with an \*):** 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.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)