As you have recently had a baby, we would like to know how you are feeling. Please mark the answer which comes closest to how you have felt in the past seven days, not just how you feel today.

Example: I have felt happy

Yes, all the time

X Yes, most of the time

No, not very often

No, not at all

In this example, the “x” means “I have felt happy most of the time during the past week”.

Please complete the following questions in the same way.

In the past seven days

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

   As much as I always could 0
   Not quite so much now 1
   Definitely not so much now 2
   Not at all 3

2. I have looked forward with enjoyment to things

   As much as I ever did 0
   Rather less than I used to 1
   Definitely less than I used to 2
   Hardly at all 3

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

   Yes, most of the time 3
   Yes, some of the time 2
   Not very often 1
   No, never 0

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

   No, not at all 0
   Hardly ever 1
   Yes, sometimes 2
   Yes, very often 3
5. *I have felt scared or panicky for no good reason
   ____ Yes, quite a lot       3
   ____ Yes, sometimes       2
   ____ No, not much       1
   ____ No, not at all       0

6. *Things have been getting on top of me
   ____ Yes, most of the time I haven’t been able to cope   3
   ____ Yes, sometimes I haven’t been coping as well as usual   2
   ____ No, most of the time I have coped quite well   1
   ____ No, I have been coping as well as ever   0

7. *I have been so unhappy that I have had difficulty sleeping
   ____ Yes, most of the time   3
   ____ Yes, sometimes       2
   ____ Not very often       1
   ____ No, not at all       0

8. *I have felt sad or miserable
   ____ Yes, most of the time   3
   ____ Yes, quite often       2
   ____ Only occasionally       1
   ____ No, never       0

9. *I have been so unhappy that I have been crying
   ____ Yes, most of the time   3
   ____ Yes, quite often       2
   ____ Only occasionally       1
   ____ No, never       0

10. *The thought of harming myself has occurred to me
    ____ Yes, quite often   3
        ___ Sometimes   2
        ___ Hardly ever   1
        ___ Never       0
SCORING:

QUESTIONS 1, 2, and 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.

To score this measure, add the numbers appearing beside your answer for each question.

Maximum score: 30
Possible Depression: 10 or greater.

Always look at item 10 (suicidal thoughts)
If you score 1, 2 or 3 on question #10, you should consult with your family physician as soon as possible.

Edinburgh Postnatal Depression scale (EPDS)
Postpartum depression is the most common complication of childbearing. 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.

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. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

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.

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