

Name: _____ Date: _____

Due Date/ Baby Date of Birth: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

I have felt happy:

Yes, all of the time _____ (0)

Yes, most of the time (1)

No, not very often _____ (2)

No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

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 to me:
 - Yes, most of the time I haven't been able to cope at all _____ (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)
 - No, 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)
 - Not very often _____ (1)
 - No, not at all _____ (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)

YOUR TOTAL SCORE HERE

Thank you for completing this survey. Your healthcare provider will score this survey and discuss the results with you.

Edinburgh Postnatal Depression Scale (EPDS) Scoring & Other Information

ABOUT THE EPDS

Studies show that postpartum depression (PPD) affects 1 in 5 of women and that many depressed mothers do not get proper treatment. These mothers might 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 Edinburgh Postnatal Depression Scale (EPDS) was developed to assist health professionals in detecting mothers suffering from PPD; a distressing disorder more prolonged than the “blues” (which can occur in the first week after delivery).

The scale consists of 10 short statements. A mother checks off one of four possible answers that is closest to how she has felt during the past week. Most mothers easily complete the scale in less than five minutes.

Responses are scored 0, 1, 2 and 3 based on the seriousness of the symptom. Items 3, 5 to 10 are reverse scored (i.e., 3, 2, 1, and 0). The total score is found by adding together the scores for each of the 10 items.

Mothers scoring above 12 or 13 are likely to be suffering from depression and should seek medical attention. A careful clinical evaluation by a health care professional is needed to confirm a diagnosis and establish a treatment plan. The scale indicates how the mother felt during the previous week, and it may be useful to repeat the scale after two weeks.

INSTRUCTIONS FOR USERS

1. The mother checks off the response that comes closest to how she has felt during the previous seven 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 reading difficulties.
5. The scale can be used at six to eight weeks after birth or during pregnancy.

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