Edinburgh Postnatal Depression Scale (EPDS)

Name: Your Date of Birth:		Address:Phone Number:	
			First and Last Name
con	senting to the exchange of my confidentia	al mer	ntal health history between California
	Collaborative's Nurture 2 Nurture prograr		-
ui ci i	conductive strateure 2 traitere program		the referring provider.
natu	re/Date		
ansv Here	you are pregnant or have recently had a baby, we would liver that comes closest to how you have felt IN THE PAS e is an example, already completed. ve felt happy: Yes, all the time		
		парру т	ost of the time" during the past week. No,
	not very often Please complete the other que	stions ir	the same way.
	No, not at all		
1. 2. *3.	In 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 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 I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often	- - - *7 - - - *8 - -	sings 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 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 I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally
	I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all	*10 - - -	No, never The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never

Fax to: 559-244-4589

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* 150:782-786. Source: K.L. Wisner, B.L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199 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.

Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² 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.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. 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*. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center < www.4women.gov> and from groups such as Postpartum Support International < www.chss.iup.edu/postpartum> and Depression after Delivery < www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 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.

Maximum score: 30

Possible Depression: 10 or greater Always look at item 10 (suicidal thoughts)

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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.

¹Source: 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* 150:782-786.

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