

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

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Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE 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 as much as I always could.

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

2. I have looked forward with enjoyment to things

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

3. I have blamed myself unnecessarily when thing went wrong

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

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

- 0- No, not at all
- 1-Hardly, ever
- 2-Yes, sometimes
- 3-yes, very often

5. I have felt scared or panicky for no very good reason

- 3-Yes, quite a lot
- 2-Yes, sometimes
- 1-No, not much
- 0-No, not at all

6. Things have been getting on top of me

- 3-Yes, most of the time I haven't been able to cope at all
- 2-Yes, sometimes I haven't been coping as well as usual
- 1-No, most of the time I have coped quite well
- 0-No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

- 3-Yes, most of the time
- 2-Yes, sometimes
- 1-Not very often
- 0-No, not at all

8. I have felt sad or miserable

- 3-Yes, most of the time
- 2-Yes, quite often
- 1-Not very often
- 0-No, not at all

9. I have been so unhappy that I have been crying

- 3-Yes, most of the time
- 2-Yes, quite often
- 1-Only occasionally
- 0-No, never

10. The thought of harming myself has occurred to me

- 3-Yes, quite often
- 2-Sometimes
- 1-Hardly ever
- 0-Never

Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786.

Contact a health professional or local emergency department if you answered “Yes” or “Sometimes” to question #10.

The total score is calculated by adding together the scores for each of the ten items underlined.

A score 10 or above - should be further evaluated by a psychiatric health professional.

A score of less than 10 – If you still have questions about postpartum depression, contact a psychiatric health professional. If you’re in the Good Samaritan Hospital service area, call 630-275-4436.