Edinburgh Postnatal Depression Scale (EPDS) for Postpartum Depression

The Edinburgh Postnatal Depression Scale (EPDS) was developed in 1987 for screening postpartum women in outpatient, home visiting settings, or at the 6-8 week postpartum examination. It has been utilized among numerous populations, including US women and Spanish-speaking women in other countries. The scale has since been validated, and evidence from a number of research studies has confirmed the tool to be both reliable and sensitive in detecting depression.

The EPDS consists of 10 questions and can usually be completed in less than 5 minutes. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores range from 9 to 13 points. A woman scoring 9 or more points or indicating any suicidal ideation – that is, she scores 1 or higher on question #10 – should be referred immediately for follow-up.

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.

SCORING
Questions 1, 2, and 4 (without an *) are scored 0, 1, 2, or 3, with the top box scored as a 0 and the bottom box scored as a 3.
Questions 3 and 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 higher
Always look at Question #10, which indicates suicidal thoughts

INSTRUCTIONS
1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 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 has difficulty with reading.
Edinburgh Postnatal Depression Scale (EPDS) Form*

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
   ❑ 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


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