

Edinburgh Postnatal Depression Scale

Client _____ DOB _____ Weeks PP _____ Date _____

As you have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

In the past 7 days:

- | | |
|---|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I always could<input type="checkbox"/> Not quite so much now<input type="checkbox"/> Definitely not so much now<input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I ever did<input type="checkbox"/> Rather less than I used to<input type="checkbox"/> Definitely less than I used to<input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, some of the time<input type="checkbox"/> Not very often<input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> No, not at all<input type="checkbox"/> Hardly ever<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite a lot<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> No, not much<input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<input type="checkbox"/> No, most of the time I have coped quite well<input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Only occasionally<input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite often<input type="checkbox"/> Sometimes<input type="checkbox"/> Hardly ever<input type="checkbox"/> Never |
|---|--|

Source: Cox, J. L., Sagovsky, R, 1987 Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

Edinburgh Postnatal Depression Scale (EPDS)
Form No. 444

Purpose: The purpose of this form is to provide a standardized tool to assist in identifying Health Department clients suffering from signs of postnatal depression.

Use: This form is administered during postpartum when signs or symptoms indicate.

Client – Provide the name, initial, date of birth of client.

Weeks PP – Provide the number of weeks postpartum or since birth of child.

Date – Provide the date the scale was administered.

The EPDS consists of 10 short statements, each with four responses. The client checks the response that most closely matches how she has been feeling in the previous 7 days. Response categories are scored 0, 1, 2, and 3, according to the severity of the symptom. Items marked with an asterisk are reverse scored (i.e., 3, 2, 1, and 0). All 10 items must be completed. The total score is calculated by adding together the scores for each of the 10 items and should be documented on the client's file. **Clients with scores of 12 or above OR clients who answer question #10 “yes, quite often” or “sometimes” should be referred to a local mental health professional and notify the Primary Care Physician by faxing a copy of client's EPDS and a written statement that the client had been referred.**

Care should be taken to avoid the possibility of the client discussing her answers with others. The client should complete the EPDS herself, unless she has limited English or has difficulty reading. The EPDS will not detect clients with anxiety disorders, phobias, or personality disorders.

Routing and Filing: The original copy of this form is filed in the client's OSDH record.