



West Virginia Department of Health & Human Resources
Bureau for Public Health
Office of Maternal, Child & Family Health
West Virginia Home Visitation Program
Edinburgh Postnatal Depression Scale (EPDS)



Prenatal

Postpartum

Name: _____ Client ID: _____

Last _____ First _____ MI _____

Mother's Date of Birth: _____ Baby's Date of Birth: _____

As you are pregnant or 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. Complete all ten items.

1. I have been able to laugh and see the funny side of things	<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	Score:
2. I have looked forward with enjoyment to things	<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	Score:
*3. I have blamed myself unnecessarily when things went wrong	<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	Score:
4. I have been anxious or worried for no good reason	<input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often	Score:
*5. I have felt scared or panicky for no very good reason	<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	Score:
*6. Things have been getting on top of me	<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	Score:
*7. I have been so unhappy that I have had difficulty sleeping	<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	Score:
*8. I have felt sad or miserable	<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	Score:
*9. I have been so unhappy that I have been crying	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never	Score:
*10. The thought of harming myself has occurred to me	<input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never	Score:

Administered/Reviewed by: _____ Date: _____ EPDS Score: _____
Referred to: Medical Provider Emergency Room Date: _____

Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing². The ten 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 in anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may obtain useful information from their healthcare provider, home visitor or the internet.

SCORING

QUESTIONS 1, 2, and 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box as 3.

QUESTIONS 3, 5, 6, 7, 8, 9 and 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)

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.

¹ 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.

² 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