

Appendix B

The Edinburgh Postnatal Depression Scale

Instructions for users:

- The mother is asked to underline the response which comes closest to how she has been feeling in the previous 7 days.
- All ten items must be completed.
- Care should be taken to avoid the possibility of the mother discussing her answers with others.
- The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
- The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please **UNDERLINE** the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

1) I have been able to laugh and see the funny side of things.

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 things went wrong.

0 Yes, most of the time

1 Yes, some of the time

2 Not very often

3 No, never

4) I have been anxious or worried for no good reason.

0 No, not at all

1 Hardly ever

2 Yes, sometimes

3 Yes, very often

5) * I have felt scared or panicky for not very good reason.

0 Yes, quite a lot

1 Yes, sometimes

2 No, not much

3 No, not at all

6) * Things have been getting on top of me.

0 Yes, most of the time I haven't been able to cope at all

1 Yes, sometimes I haven't been coping as well as usual

2 No, most of the time I have coped quite well

3 No, I have been coping as well as ever

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

0 Yes, most of the time

1 Yes, sometimes

2 Not very often

3 No, not at all

8) * I have felt sad or miserable.

0 Yes, most of the time

1 Yes, quite often

2 Not very often

3 No, not at all

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

0 Yes, most of the time

1 Yes, quite often

2 Only occasionally

3 No, never

10) * The thought of harming myself has occurred to me.

0 Yes, quite often

1 Sometimes

2 Hardly ever

3 Never

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items. 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.

Cox, JL; Holden, JM & Sagovsky, R. The Edinburgh Postnatal Depression Scale (EPDS). British Journal of Psychiatry. June 1987, Vol. 150. Accessed March, 2002 at <http://www.wellmother.com/articles/edinburgh.htm>.