

Edinburgh Postnatal Depression Scale (EPDS)

Date: _____ Clinic Name/Number: _____

Your Age: _____ Weeks of Pregnancy/Age of Baby: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

I have felt happy:
 Yes, all of the time _____ (0)
 Yes, most of the time (1)
 No, not very often _____ (2)
 No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
 As much as I always could _____ (0)
 Not quite so much now _____ (1)
 Definitely not so much now _____ (2)
 Not at all _____ (3)
2. I have looked forward with enjoyment to things:
 As much as I ever did _____ (0)
 Rather less than I used to _____ (1)
 Definitely less than I used to _____ (2)
 Hardly at all _____ (3)
3. I have blamed myself unnecessarily when things went wrong:
 Yes, most of the time _____ (3)
 Yes, some of the time _____ (2)
 Not very often _____ (1)
 No, never _____ (0)
4. I have been anxious or worried for no good reason:
 No, not at all _____ (0)
 Hardly ever _____ (1)
 Yes, sometimes _____ (2)
 Yes, very often _____ (3)
5. I have felt scared or panicky for no good reason:
 Yes, quite a lot _____ (3)
 Yes, sometimes _____ (2)
 No, not much _____ (1)
 No, not at all _____ (0)
6. Things have been getting to me:
 Yes, most of the time I haven't been able to cope at all _____ (3)
 Yes, sometimes I haven't been coping as well as usual _____ (2)
 No, most of the time I have coped quite well _____ (1)
 No, I have been coping as well as ever _____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
 Yes, most of the time _____ (3)
 Yes, sometimes _____ (2)
 No, not very often _____ (1)
 No, not at all _____ (0)
8. I have felt sad or miserable:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Not very often _____ (1)
 No, not at all _____ (0)
9. I have been so unhappy that I have been crying:
 Yes, most of the time _____ (3)
 Yes, quite often _____ (2)
 Only occasionally _____ (1)
 No, never _____ (0)
10. The thought of harming myself has occurred to me: *
 Yes, quite often _____ (3)
 Sometimes _____ (2)
 Hardly ever _____ (1)
 Never _____ (0)

TOTAL YOUR SCORE HERE ►

*** If you scored a 1, 2 or 3 on question 10, PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW** to ensure your own safety and that of your baby.

If your total score is 11 or more, you could be experiencing postpartum depression (PPD) or anxiety. **PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) now** to keep you and your baby safe.

If your total score is 9-10, we suggest you **repeat this test in one week or call your health care provider** (OB/Gyn, family doctor or nurse-midwife).

If your total score is 1-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or two, call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:

- Getting sleep—nap when the baby naps.
- Asking friends and family for help.
- Drinking plenty of fluids.
- Eating a good diet.
- Getting exercise, even if it's just walking outside.

Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.

Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.

See more information on reverse. ►

Edinburgh Postnatal Depression Scale (EPDS) Scoring & Other Information

ABOUT THE EPDS

Studies show that postpartum depression (PPD) affects at least 10 percent of women and that many depressed mothers do not get proper treatment. These mothers might cope with their baby and with household tasks, but their enjoyment of life is seriously affected, and it is possible that there are long term effects on the family.

The Edinburgh Postnatal Depression Scale (EPDS) was developed to assist health professionals in detecting mothers suffering from PPD; a distressing disorder more prolonged than the “blues” (which can occur in the first week after delivery).

The scale consists of 10 short statements. A mother checks off one of four possible answers that is closest to how she has felt during the past week. Most mothers easily complete the scale in less than five minutes.

Responses are scored 0, 1, 2 and 3 based on the seriousness of the symptom. Items 3, 5 to 10 are reverse scored (i.e., 3, 2, 1, and 0). The total score is found by adding together the scores for each of the 10 items.

Mothers scoring above 12 or 13 are likely to be suffering from depression and should seek medical attention. A careful clinical evaluation by a health care professional is needed to confirm a diagnosis and establish a treatment plan. The scale indicates how the mother felt during the previous week, and it may be useful to repeat the scale after two weeks.

INSTRUCTIONS FOR USERS

1. The mother checks off the response that comes closest to how she has felt during the previous seven 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 reading difficulties.
5. The scale can be used at six to eight weeks after birth or during pregnancy.

Please note: Users may reproduce this scale without further permission providing they respect the copyright (which remains with the *British Journal of Psychiatry*), quote the names of the authors and include the title and the source of the paper in all reproduced copies. 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.

Escala Edinburgh para la Depresión Postnatal (Spanish Version)

Nombre de participante: _____ Número de identificación de participante: _____

Fecha: _____

Como usted está embarazada o hace poco que tuvo un bebé, nos gustaría saber como se siente actualmente. Por favor MARQUE (✓) la respuesta que más se acerca a como se ha sentido durante LOS ÚLTIMOS 7 DÍAS y no sólo como se ha sentido hoy.

A continuación se muestra un ejemplo completado:

Me he sentido feliz:	
Sí, todo el tiempo	___ 0
Sí, la mayor parte del tiempo	✓ ___ 1
No, no muy a menudo	___ 2
No, en absoluto	___ 3

Esto significa: "Me he sentido feliz la mayor parte del tiempo" durante la última semana. Por favor complete las otras preguntas de la misma manera.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. He podido reír y ver el lado bueno de las cosas:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Tanto como siempre he podido hacerlo</td> <td style="text-align: right;">___ 0</td> </tr> <tr> <td>No tanto ahora</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>Sin duda, mucho menos ahora</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No, en absoluto</td> <td style="text-align: right;">___ 3</td> </tr> </table> <p>2. He mirado al futuro con placer para hacer cosas:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Tanto como siempre</td> <td style="text-align: right;">___ 0</td> </tr> <tr> <td>Algo menos de lo que solía hacerlo</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>Definitivamente menos de lo que solía hacerlo</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>Prácticamente nunca</td> <td style="text-align: right;">___ 3</td> </tr> </table> <p>3. Me he culpado sin necesidad cuando las cosas marchaban mal:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, casi siempre</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, algunas veces</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No muy a menudo</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, nunca</td> <td style="text-align: right;">___ 0</td> </tr> </table> <p>4. He estado ansiosa y preocupada sin motivo alguno:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No, en absoluto</td> <td style="text-align: right;">___ 0</td> </tr> <tr> <td>Casi nada</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>Sí, a veces</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>Sí, muy a menudo</td> <td style="text-align: right;">___ 3</td> </tr> </table> <p>5. He sentido miedo o pánico sin motivo alguno:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, bastante</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, a veces</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No, no mucho</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, en absoluto</td> <td style="text-align: right;">___ 0</td> </tr> </table> | Tanto como siempre he podido hacerlo | ___ 0 | No tanto ahora | ___ 1 | Sin duda, mucho menos ahora | ___ 2 | No, en absoluto | ___ 3 | Tanto como siempre | ___ 0 | Algo menos de lo que solía hacerlo | ___ 1 | Definitivamente menos de lo que solía hacerlo | ___ 2 | Prácticamente nunca | ___ 3 | Sí, casi siempre | ___ 3 | Sí, algunas veces | ___ 2 | No muy a menudo | ___ 1 | No, nunca | ___ 0 | No, en absoluto | ___ 0 | Casi nada | ___ 1 | Sí, a veces | ___ 2 | Sí, muy a menudo | ___ 3 | Sí, bastante | ___ 3 | Sí, a veces | ___ 2 | No, no mucho | ___ 1 | No, en absoluto | ___ 0 | <p>6. Las cosas me oprimen o agobian:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, la mayor parte del tiempo no he podido sobrellevarlas</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, a veces no he podido sobrellevarlas de la manera</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No, la mayoría de las veces he podido sobrellevarlas bastante bien</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, he podido sobrellevarlas tan bien como lo hecho siempre</td> <td style="text-align: right;">___ 0</td> </tr> </table> <p>7. Me he sentido tan infeliz, que he tenido dificultad para dormir:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, casi siempre</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, a veces</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No muy a menudo</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, en absoluto</td> <td style="text-align: right;">___ 0</td> </tr> </table> <p>8. Me he sentido triste y desgraciada:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, casi siempre</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, bastante a menudo</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>No muy a menudo</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, en absoluto</td> <td style="text-align: right;">___ 0</td> </tr> </table> <p>9. Me he sentido tan infeliz que he estado llorando:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, casi siempre</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>Sí, bastante a menudo</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>Ocasionalmente</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, nunca</td> <td style="text-align: right;">___ 0</td> </tr> </table> <p>10. He pensado en hacerme daño:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Sí, bastante a menudo</td> <td style="text-align: right;">___ 3</td> </tr> <tr> <td>A veces</td> <td style="text-align: right;">___ 2</td> </tr> <tr> <td>Casi nunca</td> <td style="text-align: right;">___ 1</td> </tr> <tr> <td>No, nunca</td> <td style="text-align: right;">___ 0</td> </tr> </table> | Sí, la mayor parte del tiempo no he podido sobrellevarlas | ___ 3 | Sí, a veces no he podido sobrellevarlas de la manera | ___ 2 | No, la mayoría de las veces he podido sobrellevarlas bastante bien | ___ 1 | No, he podido sobrellevarlas tan bien como lo hecho siempre | ___ 0 | Sí, casi siempre | ___ 3 | Sí, a veces | ___ 2 | No muy a menudo | ___ 1 | No, en absoluto | ___ 0 | Sí, casi siempre | ___ 3 | Sí, bastante a menudo | ___ 2 | No muy a menudo | ___ 1 | No, en absoluto | ___ 0 | Sí, casi siempre | ___ 3 | Sí, bastante a menudo | ___ 2 | Ocasionalmente | ___ 1 | No, nunca | ___ 0 | Sí, bastante a menudo | ___ 3 | A veces | ___ 2 | Casi nunca | ___ 1 | No, nunca | ___ 0 |
| Tanto como siempre he podido hacerlo | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No tanto ahora | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sin duda, mucho menos ahora | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, en absoluto | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanto como siempre | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Algo menos de lo que solía hacerlo | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Definitivamente menos de lo que solía hacerlo | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prácticamente nunca | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, casi siempre | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, algunas veces | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No muy a menudo | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, nunca | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, en absoluto | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casi nada | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, a veces | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, muy a menudo | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, bastante | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, a veces | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, no mucho | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, en absoluto | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, la mayor parte del tiempo no he podido sobrellevarlas | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, a veces no he podido sobrellevarlas de la manera | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, la mayoría de las veces he podido sobrellevarlas bastante bien | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, he podido sobrellevarlas tan bien como lo hecho siempre | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, casi siempre | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, a veces | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No muy a menudo | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, en absoluto | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, casi siempre | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, bastante a menudo | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No muy a menudo | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, en absoluto | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, casi siempre | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, bastante a menudo | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ocasionalmente | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, nunca | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, bastante a menudo | ___ 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A veces | ___ 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casi nunca | ___ 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No, nunca | ___ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Edinburgh Postnatal Depression Scale (EPDS) Scoring & Other Information

ABOUT THE EPDS

Response categories are scored 0, 1, 2 and 3 according to increased severity of the symptom. Items 3, 5-10 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 (which remains with the *British Journal of Psychiatry*) quoting the names of the authors, the title and the source of the paper in all reproduced copies.

The Edinburgh Postnatal Depression Scale (EPDS) was developed to assist primary care health professionals in detecting mothers suffering from postpartum depression (PPD); a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery), but less severe than puerperal psychosis.

Previous studies have shown that PPD affects at least 10 percent of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long term effects on the family.

The EPDS was developed at health centers in Livingston and Edinburgh. It consists of 10 short statements. The mother underlines which of the four possible responses is closest to how she has been

feeling during the past week. Most mothers complete the scale without difficulty in less than five minutes.

The validation study showed that mothers who scored above a threshold 12/13 were likely to be suffering from a depressive illness of varying severity. Nevertheless, the EPDS score should not override clinical judgement. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother felt during the previous week, and in doubtful cases it may be usefully repeated after two weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

INSTRUCTIONS FOR USERS

1. The mother is asked to underline the response that comes closest to how she has felt during the previous seven 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.
5. The EPDS may be used at six to eight weeks to screen postnatal women or during pregnancy. The child health clinic, postpartum check-up or a home visit may provide suitable opportunities for its completion.