

Gidget Foundation Australia

Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.

SCORING GUIDE – INSTRUCTIONS

Add the number next to each circle that has been filled in.

This is the total score. See below for the range of scores on the EPDS.

SCORE TOTAL: _____ Q 10: _____

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

- 3 Yes, most of the time
 2 Yes, some of the time
 1 Not very often
 0 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 no very good reason

- 3 Yes, quite a lot
 2 Yes, sometimes
 1 No, not much
 0 No, not at all

*6. Things have been getting on top of me

- 3 Yes, most of the time I haven't been able to cope at all
 2 Yes, sometimes I haven't been coping as well as usual
 1 No, most of the time I have coped quite well
 0 No, I have been coping as well as ever

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

- 3 Yes, most of the time
 2 Yes, sometimes
 1 Not very often
 0 No, not at all

*8. I have felt sad or miserable

- 3 Yes, most of the time
 2 Yes, quite often
 1 Not very often
 0 No, not at all

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

- 3 Yes, most of the time
 2 Yes, quite often
 1 Only occasionally
 0 No, never

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

- 3 Yes, quite often
 2 Sometimes
 1 Hardly ever
 0 Never

Scoring

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

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

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Range of EPDS Scores

- 0-9: Scores in this range may indicate the presence of some symptoms of distress that may be short-lived and are less likely to interfere with day to day ability to function at home or at work. However if these symptoms have persisted for more than a week or two further enquiry is warranted.
- 10-12: Scores within this range indicate presence of symptoms of distress that may be discomforting. Repeat the EPDS in 2 weeks time and continue monitoring progress regularly. If the scores increase to above 12 assess further and consider referral as needed.
- 13 +: For postnatal clients, scores above 12 require further assessment and appropriate management as the likelihood of depression is high. Referral to a psychiatrist/psychologist may be necessary. The same applies to antenatal clients when they present with a score of 14 or above.
- Item 10: Any client who scores 1, 2 or 3 on item 10 requires further evaluation before leaving the office to ensure her own safety and that of their baby.