

## Edinburgh Postnatal Depression Scale (EPDS)

| Item                                                                           | Options                                                  | Points |
|--------------------------------------------------------------------------------|----------------------------------------------------------|--------|
| In the past 7 days: 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      |
| In the past 7 days: 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      |
| In the past 7 days: 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      |
| In the past 7 days: 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      |
| In the past 7 days: I have felt scared or panicky for no very good reason      | Yes, quite a lot                                         | 3      |
|                                                                                | Yes, sometimes                                           | 2      |
|                                                                                | No, not much                                             | 1      |
|                                                                                | No, not at all                                           | 0      |
| In the past 7 days: Things have been getting on top of 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      |
| In the past 7 days: I have been so unhappy that I have had difficulty sleeping | Yes, most of the time                                    | 3      |
|                                                                                | Yes, sometimes                                           | 2      |
|                                                                                | Not very often                                           | 1      |
|                                                                                | No, not at all                                           | 0      |
| In the past 7 days: 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      |
| In the past 7 days: I have been so unhappy that I have been crying             | Yes, most of the time                                    | 3      |
|                                                                                | Yes, quite often                                         | 2      |
|                                                                                | Only occasionally                                        | 1      |

| Item                                                                        | Options          | Points |
|-----------------------------------------------------------------------------|------------------|--------|
|                                                                             | No, never        | 0      |
| <b>In the past 7 days: The thought of harming myself has occurred to me</b> | Yes, quite often | 3      |
|                                                                             | Sometimes        | 2      |
|                                                                             | Hardly ever      | 1      |
|                                                                             | Never            | 0      |

## Interpretation

|              |                                                                                                                                                                                              |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>0–9</b>   | <b>Negative screen.</b> Depression is unlikely based on this screen. Still check item 10, give anticipatory guidance, and rescreen at the next scheduled visit or sooner if symptoms appear. |
| <b>10–12</b> | <b>Possible depression.</b> Positive screen at the common US cut-off of 10. Arrange a full clinical assessment and follow-up per your protocol, and check item 10.                           |
| <b>13–19</b> | <b>Probable depression.</b> Score above the original 12/13 cut-off: depression is probable. Refer for prompt diagnostic evaluation and treatment planning, and check item 10.                |
| <b>20–30</b> | <b>Probable severe depression.</b> High score consistent with severe symptoms. Notify the provider for urgent evaluation the same day per protocol and assess safety, including item 10.     |

Total score: \_\_\_\_\_ Date: \_\_\_\_\_ Assessed by: \_\_\_\_\_

Cox, Holden & Sagovsky, 1987 (British Journal of Psychiatry). Sources: Cox, Holden & Sagovsky. Detection of postnatal depression, Br J Psychiatry 1987 (PubMed); EPDS form with scoring and reproduction notice (WashU); ACOG Clinical Practice Guideline No. 4: Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum; Postpartum Support International: Screening Recommendations; 988 Suicide & Crisis Lifeline. EPDS items reproduced with the authors' permission: Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987;150:782-786.

Free calculator and full guide: [nursingscales.com/edinburgh-postnatal-depression-scale/](https://nursingscales.com/edinburgh-postnatal-depression-scale/) · Educational material; does not replace clinical judgment or facility protocols.