Edinburgh Postnatal Depression Scale\(^1\) (EPDS)
Adapted for Fathers

Name: ________________________________________

Your Date of Birth: _____________________________

Baby’s Date of Birth: ____________________________

Phone: _______________________________________

As your spouse or partner is pregnant or has recently had a baby, we would like to know how you are feeling. Please circle the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

In the past week I have felt happy:
1. Yes, all the time  
2. Yes, most of the time  
3. No, not very often  
4. No, not at all

This would mean: “I have felt happy most of the time” during the past week.

Please complete the other questions in the same way.

In the past 7 days:

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 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

Administered/Reviewed by: _____________________________ Date: ___________________
Edinburgh Postnatal Depression Scale\(^1\) (EPDS)
Adapted for Fathers

Postpartum depression is the most common complication of childbearing.\(^2\) The 10-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.

Fathers who score above 9 are likely to be suffering from a depressive illness of varying severity. Fathers who score 5-8 are likely experiencing an anxiety related disorder.

If the total number is five or more, further assessment by a mental health professional is recommended. If any number other than “0” is circled for question 10, you should contact a mental health professional immediately.

*Please note that the EPDS is an assessment tool and should not take the place of clinical judgment. A comprehensive clinical assessment by a licensed mental health professional should confirm your findings.*

### SCORING

After answering each of the 10 questions, add together the circled numbers from each of the responses.

- Maximum Score: 30
- Possible Depression: 9 or greater
- Possible Anxiety Disorder: 5 to 8
- Always look at item 10 (suicidal thoughts)

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Normal</td>
</tr>
<tr>
<td>5-9</td>
<td>Possible Depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Possible Anxiety Disorder</td>
</tr>
<tr>
<td>15-20</td>
<td>Possible Depression</td>
</tr>
<tr>
<td>21-29</td>
<td>Possible Depression</td>
</tr>
<tr>
<td>30</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

### Instructions for using the Edinburgh Postnatal Depression Scale; Adapted for Fathers:

1. The father is asked to circle the response that comes closest to how he 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 father discussing his answers with others. (Answers come from the father.)
4. The father should complete the scale himself, unless he has limited English or has difficulty with reading.

Craig Mullins, MA
*Professional Counselor*

2418 West Colorado Avenue
3rd Floor, Studio Five
Colorado Springs, CO 80904
(719) 425-8737
Craig@MullinsCounseling.com
www.MullinsCounseling.com

Counseling for men…and the women they love

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.
