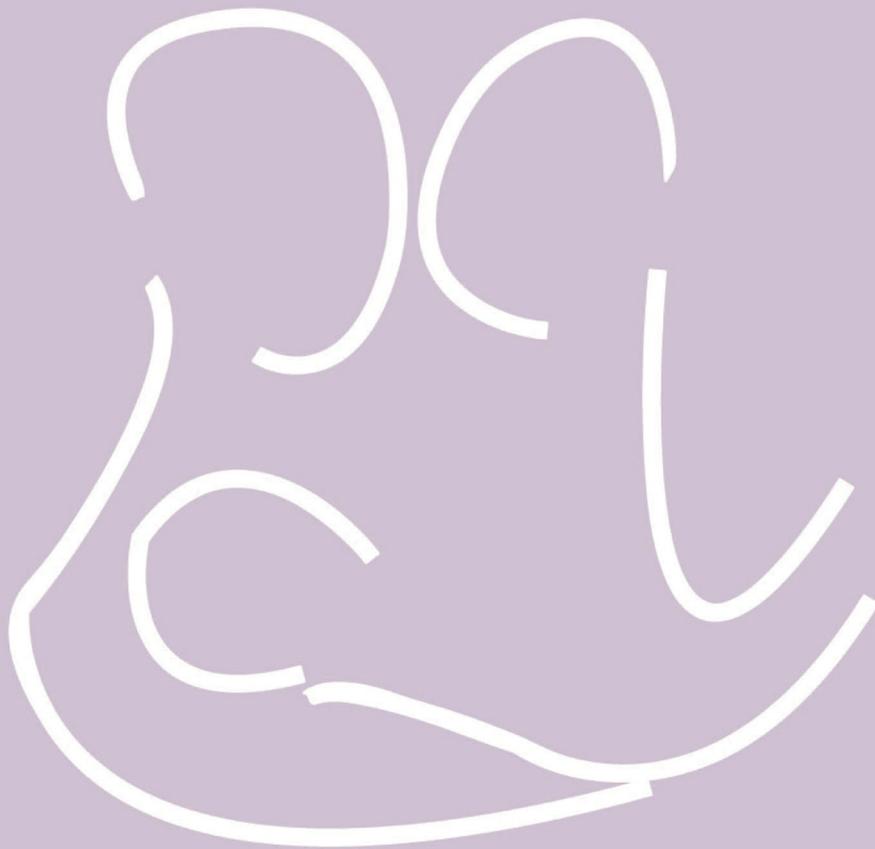


Using the Edinburgh Postnatal Depression Scale (EPDS)

Translated into languages
other than English



Edinburgh Postnatal Depression Scale (EPDS)

Translated Versions



Department of Health
Government of Western Australia



Copyright © Department of Health, Government of Western Australia, 2006.

This work is copyright. It may be reproduced in whole or in part, subject to the inclusion of an acknowledgment of the source and no commercial usage or sale

Permission

Permission was obtained from the Royal College of Psychiatrists, London, England, UK to make and distribute translations of the EPDS and distribute copies of the EPDS electronically subject to the following conditions:

- Copyright for all EPDS translations is held with © The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.
- Electronic distribution must be within a secure internet location, such as intranet or an access-controlled area on the internet.

A general licence was granted to produce as many copies of the EPDS as needed across the State of Western Australia, on an ongoing basis.

National Library of Australia Cataloguing in Publication entry.

Edinburgh Postnatal Depression Scale (EPDS): Translated Versions

ISBN 0 xxxxxxx 00

1. Edinburgh Postnatal Depression Scale (EPDS): Translated Versions; Validated
 2. Edinburgh Postnatal Depression Scale (EPDS): Translated Versions; Not Validated
- I. Department of Health, Government of Western Australia
 - II. Title. (Series: Edinburgh Postnatal Depression Scale (EPDS): Translated Versions)

Suggested Citation:

Department of Health, Government of Western Australia. (2006). *Edinburgh Postnatal Depression Scale (EPDS): Translated versions – validated*. Perth, Western Australia: State Perinatal Mental Health Reference Group.

Prepared by:

Dr Jann Marshall, Senior Medical Adviser and Kate Bethell, Policy Development Officer, Child and Community Health, Women's and Children's Health Service

Published by:

State Perinatal Mental Health Reference Group, Western Australia

Disclaimer

Every effort has been made to ensure that the information contained in this document is free from error. No responsibility shall be accepted by the Government of Western Australia and its officers involved in the preparation of the document for any claim that may arise from information contained herein. Every effort has been made to attribute the translations of the EPDS to its original source. If any of these translations or research summaries is misattributed or misinterpreted, please refer to the enquiries information and the error will be corrected at the next publication.

ABOUT THIS RESOURCE

The resource is dedicated to the culturally and linguistically diverse women, children and families of Western Australia

***“There are hundreds of languages in the world,
but a smile speaks them all.” (Anon)***

Acknowledgements

Thank you to Mary Della-Vedova at the Antenatal Clinic and Dr Ann Hodge at Osborne Park Hospital, North Metropolitan Health Service, as well as, Kerry Bastian and Dr Jann Marshall at Child and Community Health Directorate for identifying the need for this resource.

Thanks also to Christina Down and the State Perinatal Mental Health Strategy/Office of Mental Health for their acknowledgement of the importance of this resource and their support.

Special thanks to Kate Bethell for identifying and reviewing the research with Dr Jann Marshall.

The resource could not have been developed without the expert knowledge and experience of the Cultural Diversity team at Child and Community Health Directorate, including Kerry Bastian, Rhonda Morgan-Rivera, Josie Cohen, Martha Teshome and the Administration team, especially Elly Berryman and Liz Phillips.

Grateful acknowledgement to Dr Cox and his colleagues, The Royal College of Psychiatrists and all the researchers who dedicated their time and expertise to develop the information we have used in producing this resource.

There are many people across the world who contributed to the development of this resource with such enthusiasm and commitment to the wellbeing of women and families.

Thanks to all

Enquiries or comments should be addressed to:

Child and Community Health Directorate
Women’s and Children’s Health Service
Tel (08) 9323 6666

Christina Down
State Coordinator Perinatal Mental Health
State Perinatal Mental Health Strategy
Office of Mental Health, Department of
Health
Tel (08) 9346 8831

ABOUT THIS RESOURCE

This is a new resource which collates copies of the Edinburgh Postnatal Depression Scale (EPDS) that have been translated into languages other than English and validated for use in screening to assist health workers detect perinatal depression, in both pregnancy and during the postpartum period.

For each language, there is specific information recommending cut-off scores to use in screening, 'Notes' and summaries of the validation research studies to guide the use of the translated EPDS.

It has been possible to make contact with many of the researchers who translated and validated these EPDS versions. These researchers confirm the appropriateness of using the translated EPDS in Western Australia providing that women are able to read the questions.

Data collected over the past five years about the country of origin and use of interpreters of women having babies in Western Australia were used to identify the possible languages most relevant for translation of the EPDS.

More than 7,000 women who had babies in Western Australia were originally from Vietnam, Malaysia and Indonesia. Over 3,000 women were from South and Central Europe, from countries such as Austria, Germany and the Netherlands. Over 2,000 women were from Africa, the majority from South and East Africa. Almost 1,000 women were from the Middle East, mostly from Iraq.

Interpreters for Arabic and Vietnamese languages were the most commonly requested and women originally from Vietnam had the highest number of births compared with women from other countries.

The resource contains 18 translated EPDS versions with information summarising 43 studies that have been validated with a variety of populations and at varying times, both antenatal and postpartum, to identify perinatal depression and other conditions such as anxiety.

See: *Summary of Translated and Validated Studies of the Edinburgh Postnatal Depression Scale (EPDS)* (Table 1) for a summary of specific information for each of the 18 validated translated EPDS versions
Timing of Administration of the Edinburgh Postnatal Depression Scale (EPDS) and Sample sizes in Validation Studies (Table 2) for a summary of timing and sample sizes of these studies
and specific summaries of validation studies for each translated EPDS.

ABOUT THIS RESOURCE

About the Edinburgh Postnatal Depression Scale

The EPDS was developed in the 1980s by John Cox, a consultant psychiatrist in the United Kingdom, and his colleagues Jeni Holden and Ruth Sagovsky. It is a self-report questionnaire now used in many countries to screen for postnatal depression. More recently, the EPDS is also being used to screen for antenatal depression in women, and depression in men in both the antenatal and postnatal periods.

There are ten statements specific for depressive symptoms during the perinatal period. Each statement has four possible responses, which are scored from 0 to 3 depending on the severity of the response. Higher scores indicate more severe depressive symptoms with a maximum total score of 30. For each translated EPDS version, a cut-off score is recommended. A score above the cut-off indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

Many studies, in Australia and overseas, have shown that EPDS screening is better than clinical judgement alone in detecting emotional problems during the perinatal period. The EPDS is perceived by most women to be accurate, relevant and easy to complete. Women welcome the opportunity to express their feelings.

About Perinatal Mental Health

Postnatal depression (PND) is a term commonly used to describe a sustained depressive disorder following childbirth. PND is not a single illness but a range of conditions with depressive symptoms. These symptoms can vary in severity and are frequently experienced together with anxiety, and sometimes other disorders. Up to 40% of PND starts during the antenatal period.

If left untreated, PND can linger for many years. The EPDS provides a timely assessment of a mother's emotional state and can be used to start intervention early. Treatment is effective in reducing depressive symptoms and improving sensitive mother-infant interaction with better outcomes for the child, mother and family.

Developing the Resource

The EPDS has been translated into many languages and tested in diverse population samples in a variety of countries, with women and their partners, in both the antenatal and postnatal periods.

There is ample evidence that the EPDS is a reliable and valid measure for use with geographically diverse, non-English speaking populations.

ABOUT THIS RESOURCE

A systematic review process was conducted with the primary objective of identifying all published validation studies using translated EPDS versions. Validation studies were targeted because their results provide cut-off scores and reliable results for accurate screening. A good validation study should have an adequate sample size, have a representative sample, indicate administration times, use a culturally appropriate diagnostic interview and indicate that the EPDS was self-completed and based on feelings during the previous seven days.

A total of 687 studies were identified for potential inclusion from a specified keyword search of electronic databases. Of these studies, 202 were identified as validation studies that used the EPDS, however, the majority were excluded for various reasons. These reasons include:

- the EPDS being used for the validation of another measure
- the EPDS being used for a prevalence study only
- did not provide details of methodology and results
- the paper could not be retrieved
- the paper and abstract were not in English
- the study used inappropriate populations and sample sizes
- the validation was of the English-EPDS version.

The resource provides a summary of 43 studies. The research quality varies across these studies. Extra information is included from our contact with the researchers and publications by Dr John Cox and his colleagues.

Translated copies of the EPDS were obtained from a number of sources. The majority were available from Cox and Holden (2003) and including Arabic, Chinese, Dutch, French, German, Japanese, Maltese, Norwegian, Portuguese, Punjabi, Spanish, Swedish and Vietnamese. An additional six EPDS translated versions were sourced from published validation studies and contact with researchers. These included Igbo, Italian, Malay, Turkish, South African English and an additional Punjabi version in Punjabi script.

The methods of translation and back-translation were recorded for all translated EPDS versions. Any changes to the wording of the EPDS questions identified in the research studies or through communication with the researchers have been documented in the 'Notes' section specific to each translated-EPDS version.

All versions were checked for accuracy in Australia by authorised professional translators. Some alterations were made and additional translations were added where versions included irrelevant information or omitted sections of the questionnaires.

ABOUT THIS RESOURCE

Determining Cut-off Scores

Many of the validation studies recommend different cut-off score for optimal sensitivity. Cox and Holden (2003; p. 24) suggest that these differences are due to varying population sizes, timing of administration of the EPDS and differences in expression. For example, EPDS question 6, 'things are getting on top of me' is commonly construed as 'I have felt overwhelmed by everyday tasks or events'. It was found to be meaningless for Chinese populations.

Where available each research study includes an overview of the psychometric properties (sensitivity, specificity, reliability coefficient) and the recommended cut- off score for a positive diagnosis.

For each EPDS translation, recommended cut-off scores use the results of validation studies that are most suitable for use in Western Australia.

Where there are multiple validation studies for a translation, it is recommended that health professions review the summary of the research to best match the characteristics of their client with the study population.

Cultural Issues

Every woman has the right to expect a high standard of practice from health services irrespective of cultural background. A prerequisite for a high standard of practice is that the service be delivered in a culturally appropriate manner. Health practitioners need to develop the necessary skills to provide appropriate care and continually to reflect on cross-cultural issues in relation to perinatal depression.

Perinatal depression is probably a universal experience, however, there are variations across cultures in the manner PND is evident and the meaning and importance assigned to it by women and others in their lives and by the larger community/society.

Specific areas to be aware of include:

- level of education and literacy: this must be ascertained for every person completing the EPDS
- culture of completing questionnaires: even if the EPDS is written in a language that can be read and the woman is sufficiently literate, the experience of completing questionnaires can be bewildering if a woman has never answered a questionnaire on her own
- culture of completing questionnaires with the support of others: it is a misuse of the EPDS and not recommended that a third party, eg. a mother-in-law, is present and aware of the mother's responses to the EPDS (Cox & Holden, 1994).

ABOUT THIS RESOURCE

- official and non-official languages and dialect differences: many countries have one or more official language and other languages that are spoken but not recognised as official languages. Also, there can be a number of dialects that are often not understandable by others. The translated version may only make sense to the people who are conversant in the particular language or dialect in which the test was constructed.
- urban-rural differences: there may be vast cultural differences in language between women in urban and rural areas of countries
- expression, presentation, discussion of and about depression: In some cultures, e.g. Japanese, women tend to express emotional problems by referring to physical (somatic) problems or concerns for the baby rather than expressing their feelings when they are depressed. The EPDS does not contain any somatic items which might raise practical problems if the dominant way in which depression presents is a physical (somatic symptom).

Quite frequently, there are no words in cultures that describe depression as there is no literal meaning.

In other cultures, e.g. Punjabi, a label of PND may have implications across the extended family and reducing the family status in the community. Using terminology such as 'sadness' not 'depression' may be more acceptable with Punjabi families.

- lack of knowledge in the community about PND: this is often associated with difficulties in gaining the necessary care and variety of support to respond to women's needs and will usually require capacity building at a local level
- quality of the translation of the EPDS: when the EPDS is translated from English into another language, great care is needed that each question and the EPDS as a whole has conceptual, ethical, functional and measurement equivalence as behaviours, attitudes, values, sentiments and words make sense and acquire meaning only within the context of the culture in which they are expressed.

Validation studies should show that the translated EPDS is sensitive for detecting depression against a translated and validated gold standard diagnostic instrument.

Guidelines for using Translated EPDS versions

When using the EPDS, it is important to remember that the EPDS is a screening test. The EPDS should not be regarded as a diagnostic tool as the positive predictive values are often relatively low (between 40-50%). A high or a low EPDS score does not necessarily mean 'that a woman has depression. It cannot replace clinical judgment, nor does it provide a differential diagnosis of mental disorder' (Cox & Holden, 2003, p. 61).

ABOUT THIS RESOURCE

The benefits of using the EPDS routinely in clinical practice include:

- increasing awareness and knowledge among health professionals, women and families of the possibility of PND; permission to speak and listen; helping women and partners discuss negative feelings; and an opportunity for prevention and early intervention
- providing additional information when making referrals; improving liaison among professionals; identifying service needs
- using a structured approach to identify and clarify depressive symptoms; and monitoring outcomes of treatment (Cox & Holden, 2003, p.60-61).

Guidelines for using translated EPDS versions are similar to using the English-EPDS version.

- the EPDS should only be used by professionals who have been trained in the detection and management of PND and conducting a clinical interview
- the mother should be ensured privacy in completing the EPDS and during assessments and the EPDS should never be used in an open clinic area or posted to mothers
- literacy level, cultural background and language difficulties should be considered before using the EPDS
- the professional should discuss the responses one by one, being alert to clinical impressions
- a clinical interview should be used to ascertain the symptoms of depression from DSM-IV, as well as, discussion of physical, social and emotional causes for the symptoms so that appropriate interventions are identified (Cox & Holden, 2003, pp. 63-64).

Specific cultural issues to consider when the translated EPDS is used in health services include:

- the translated EPDS versions 'may be explained by an interpreter to open the subject for discussion' (Cox *et al* , 2003 p.66).
- it will be important to find out that the woman has adequate literacy skills and is able to read the translated EPDS version before being given the questionnaire. An interpreter may be needed to help with this.
- health professionals will need experience to work effectively with interpreters and when communicating through a third person.
- interpreters need to have experience and training to work with health professionals in a health.
- research validating the use of the EPDS confirms the need for women to complete the EPDS in privacy as women who are depressed are less likely to be identified when family, friends and/or community members can see, or hear, or assist women to complete the EPDS.
- the clinical interview and assessment needs to be conducted from a cultural perspective.

ABOUT THIS RESOURCE

- interpreters should encourage the women to read the questions themselves. Interpreters must not help the woman make decisions, only encourage.
- bilingual health professionals should read the questions on the translated EPDS verbatim. Ad hoc alterations to instructions and re-interpretation of the items in the test will seriously compromise the reliability and the validity of the test.
- practitioners need to be aware that some women are not used to completing questionnaires for themselves and may need support.
- be aware of cultural issues: words to use e.g. sadness not depression might be more appropriate in some cultures; be aware of the meaning of depression in the community.

The practitioner needs to be involved in proactive community planning to identify how the above Guidelines will be implemented for women who cannot speak English and to build genuine relationships with women and communities.

ABOUT THIS RESOURCE

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATIONS)

Validated	Not Validated
1. Arabic	1. Afaan Oromo - Ethiopia
2. Chinese	2. Amharic
3. Dutch	3. Czech
4. French	4. Farsi/Persian
5. German	5. Filipino/Tagalog
6. Igbo	6. Greek
7. Italian	7. Hebrew
8. Japanese	8. Hindi
9. Malay	9. Indonesian
10. Maltese	10. Khmer/Cambodian
11. Norwegian	11. Korean
12. Portuguese	12. Macedonian
13. Punjabi	13. Myanmar/Burmese
14. South African - English	14. Serbian
15. Spanish	15. Slovenian
16. Swedish	16. Somali
17. Turkish	17. Thai
18. Vietnamese	18. Urdu

ABOUT THIS RESOURCE

REGION OF ORIGIN OF WOMEN HAVING BABIES IN WESTERN AUSTRALIA

LANGUAGE OF VALIDATED EPDS

ASIA		EUROPE	
South East	South	South & Eastern	Central
Chinese	English	English	Dutch
English	Punjabi	Spanish	English
Japanese		Turkish	French
Malay			German
Portuguese			Italian
Vietnamese			Maltese
			Norwegian
			Portuguese
			Spanish
			Swedish

LANGUAGE OF NOT VALIDATED EPDS

ASIA		EUROPE	
South East	South	South & Eastern	Central
Filipino/Tagalog	Farsi/Persian	Czech	Slovenian
Indonesian	Hindi	Greek	
Khmer/Cambodian	Urdu	Macedonian	
Korean		Serbian	
Myanmar/Burmese		Slovenian	
Thai			

ABOUT THIS RESOURCE

REGION OF ORIGIN OF WOMEN HAVING BABIES IN WESTERN AUSTRALIA

LANGUAGE OF VALIDATED EPDS

Africa	Middle East	Central & South America	Melanesia & Polynesia
Arabic	Arabic	Chinese	English
English	English	Dutch	French
French	French	English	
Igbo		German	
Italian		Portuguese	
Portuguese		Spanish	
South African - English			
Spanish			

LANGUAGE OF NOT VALIDATED EPDS

Africa	Middle East	Central & South America	Melanesia & Polynesia
Afaan Oromo	Farsi/Persian	Hindi	-
Amharic	Hebrew		
Hindi	Urdu		
Somali			
Urdu			

ABOUT THIS RESOURCE

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TABLES)

Table 1: Summary of Translated and Validated Studies of the Edinburgh Postnatal Depression Scale (EPDS)

Table 2: Timing of Administration of the Edinburgh Postnatal Depression Scale (EPDS) and Sample sizes in Validation Studies

Table 1: Summary of Translated and Validated Studies of the Edinburgh Postnatal Depression Scale (EPDS)

Language	Author	Year Published	Country	Instrument	Measured	No. of participants	Timing	Study cut-off	Rec. Cut Off
Arabic	Ghubash et al	1997	United Arab Emirates of Dubai	PSE	Depression	n=95	1 wk pp	9/10	9/10
	Barnett et al Matthey et al	1999 1997	Australia	GHQ-30, Faces sheet Five faces scale, Social Support Questionnaire & DSM-III-R	Major depression & anxiety	n=125	Antenatal (2 nd tri), 6 wks pp, 6 mths pp	9/10	9/10
	Agoub et al	2005	Morocco	MINI	Depression & anxiety	n=144	2 wks pp	11/12	9/10
Chinese	Lee et al	1997	Hong Kong	GHQ – 30, BDI & SCID for DSM-III-R	Depressive disorders & anxiety	n=156	6 wks post miscarriage	11/12	11/12
	Lee et al	1998, 2000 2001	Hong Kong	GHQ – 30, BDI & SCID for DSM-III-R	Major & minor depression	n=145	6 wks pp	9/10	9/10
	Heh et al	2001	Taiwan	BDI-21	Depression	n=120	4 wks pp	9/10	9/10
	Lee et al	2003	Hong Kong	GHQ – 30, BDI & SCID for DSM-III-R	Major & minor depression	n=145	2 days pp	-	-
	Teng et al	2005	Taipei	BDI, MINI for DSM-IV	Major & minor depression & anxiety	n=203	6 wks pp	12/13	9/10
Dutch	Pop et al	1992	Netherlands	VROPSOM, SDS, BDI & SCL90-D	Depression & anxiety	n=293	4 wks pp	12/13	12/13
	Brouwers et al	2001	Netherlands	SCL-90 & STAI	Depression & anxiety	n=197	Antenatal (24 wks)	12/13	12/13
French	Guedeney et al	1998	France	PSE-10 for DSM-III-R, CGI, VAS, GHQ-28, CES – D	Major & minor depression	n=87	3 wks pp 4 mths pp	10/11	10/11
	Teissedre et al	2004	France	EPDS	EPDS levels: 0, 1-9, 10-12, ≥13	n=1309 n=1154	2-3 days pp 4-6 wks pp	9/10 10/11	10/11
	Teissedre et al (Abstract, in French)	2004	France	MINI for DSM-IV, SIGH-D, BDI	Depression & anxiety	n=859	3 days pp 4-6 wks pp	8/9 11/12	9/10 10/11
	Adouard et al	2005	France	MINI for DSM-IV, CGI & HADS	Depression & anxiety	n=60	Antenatal (28-34 wks)	11/12	11/12

Language	Author	Year Published	Country	Instrument	Measured	No. of participants	Timing	Study cut-off	Rec. Cut Off
German	Bergant et al (Abstract, in German)	1998	Austria	ICD-10	Major depression	n=110	4 days pp	9/10	10/11
	Muzik et al	2000	Austria	DSM-III-R, the Zung self-rating depression scale & SCL-90-R	Major depression & anxiety	n=50	3 or 6 mths pp	10/11	10/11
Igbo	Uwakwe	2003	Nigeria	SCL for ICD-10, ZDS	Depression	n=225	6-8 wks pp	9/10	9/10
Italian	Carpiniello et al	1997	Italy	PSE	Depression	n=61	4-6 wks pp	9/10	9/10
	Benvenuti et al	1999	Italy	MINI for DSM-III-R	Major depression & anxiety	n=113	8-12 wks pp	8/9	9/10
Japanese	Okano et al	1996	Japan	SADS for DSM	Major & minor depression	n=115	unknown	8/9	8/9
	Yoshida et al	1997	UK	SADS for DSM(RDC), LES	Major & minor depression	n=98	1 & 3 mths pp	4/5	8/9
	Yoshida et al	2001	Japan UK	SADS for DSM(RDC)	Major & minor depression	n=88	1 mth	8/9	8/9
						n=98	1 mth	4/5	8/9
	Yamashita et al	2000	Japan	SADS for DSM(RDC), Maternity Blues	Major & minor depression	n=88	5 days, 1 mth & 3 mths pp	8/9	8/9
	Yamashita et al	2003	Japan	SADS for DSM(RDC), Maternity Blues	Major & minor depression	Study 1 n=88	5 days, 1 mth & 3 mths pp	8/9	8/9
Study 2 n=226						5 days & 1 mth pp	8/9	8/9	
Okano et al	2005	Japan	SCID-I/NP for DSM-IV	Major & minor depression	n=108(EPDS) n=47 & 35(SCID)	1 & 3 mths pp	12/13	8/9	
Malay	Rushidi et al	2003	Malaysia	BDI-II, HDRS-17, CIDI for ICD-10	Major & depression	n=64	4 to 12 wks pp	11/12	11/12
Maltese	Felice et al	2005	Malta	CIS-R for ICD-10	Major & minor depression & anxiety	n=223	18 wks gestation	13/14	13/14
							8 – 10 wks pp	11/12	11/12
Norwegian	Eberhard-Gran et al	2001	Norway	MADRS, SCL-25 & PRIME-MD for DSM	Major/ Major & minor depression	n=310	6 & 10 wks pp	9/10	9/10
	Berle et al	2003	Norway	BDI, HADS, MADRS & MINI-V4.4 for DSM-IV	Major/ Major & minor depression	n=411	6 & 12 wks pp (screening)	7/8	9/10
6 & 12 wks pp (major depression)							10/11	9/10	

Language	Author	Year Published	Country	Instrument	Measured	No. of participants	Timing	Study cut-off	Rec. Cut Off
Portuguese	Areias et al	1996	Portugal	SADS for DSM (RDC)	Major & minor depression	n=96	Antenatal 6 mths, 3 & 12 mths pp	9/10	9/10
	Da-Silva et al	1998	Brazil	Clinical impressions regarding the woman's mood against ICD-10 criteria	Minor depression	n=33	Antenatal (2 nd & 3 rd tri) & mthly 1-6 pp	12/13	9/10
Punjabi	Clifford et al	1999	UK	Mental health interview		n=98 & n=52	6-8 wks & 16-18 wks pp	9/10	9/10
South African	Lawrie et al	1998	South Africa	MADRS, SCID for DSM-IV	Major/ Major & minor depression	n=103	6-18 wks pp	11/12	11/12
Spanish	Jadresic et al	1995	Chile	PAS & PSE	Depression	n=108	2-3 mths pp	9/10	10/11
	Vega-Dienstmaier et al (Abstract, in Spanish)	2002	Peru	SCID for DSM-IV	Major depression	n=321	Up to 1 yr pp	13/14	10/11
	Garcia-Esteve et al	2003	Spain	SCID for DSM-IV	Major & minor depression	n=1123(EPDS) n=344(SCID)	6 wks pp	10/11	10/11
	Ascaso et al (Abstract, in Spanish)	2003	Spain	SCID-NP for DSM	Major & minor depression	n=1191(EPDS) n=334(SCID)	6 wks pp	11/12	10/11
Swedish	Lundh et al	1993	Sweden	CPRS-D (pilot only)	Depression	n=258	2, 6, 12 wks pp & 8-9 mths pp	9/10	11/12
	Wickberg et al	1996	Sweden	MADRS	Major depression	n=1655(EPDS) n=128 (MADRS)	2 & 3 mths pp	11/12	11/12
	Bangedahl-Strindlund et al	1999	Sweden	RCD	Major & minor depression	n=309(EPDS) n=39(RCD)	3 mths pp	11/12	11/12
Turkish	Aydin et al	2004	Turkey	SCID-I for DSM-IV	Major & minor depression	n=341	Up to 1 yr pp	12/13	12/13
Vietnamese	Barnett et al Matthey et al	1999 1997	Australia	GHQ-30, Faces sheet Five faces scale, Social Support Questionnaire & DIS for DSM-III-R	Major depression & anxiety	n=113	Antenatal (2 nd tri), 6 wks pp, 6 mths pp	9/10	9/10

Table 2: Timing of Administration of the Edinburgh Postnatal Depression Scale (EPDS) and Sample sizes in Validation Studies

	Antenatal (trimester)			Postpartum																			
	1st	2nd	3rd	1 wk	2 wks	3 wks	4 wks	5 wks	6 wks	7 wks	8 wks	9 wks	10 wks	11 wks	12 wks	4 mths	5 mths	6 mths	7 mths	8 mths	>8 mths		
Arabic																							
Ghubash et al 1997				n = 95			1 mth				2 mths				3 mths								
Barnett et al 1999		n = 125									n = 98								n = 77				
Agoub et al 2005					n = 144																		
Chinese																							
Lee et al 1997	n = 156 (6wks)*																						
Lee et al 1998, 2000, 2001											n = 145												
Heh, 2001							n = 120																
Lee et al 2003				n = 145 ² (2 days)																			
Teng et al, 2005										n=203													
Dutch																							
Pop et al, 1992							n = 293																
Brouwers et al, 2001		n=197 (24 wks)																					
French																							
Guedeney et al 1998, 2000						n = 87										n = 87							
Teissedre et al 2004				n = 1,309 (2-3 days)			n = 1,154																
Teissedre et al 2004				n = 859 (3 days)			n = 859																
Adouard, et al, 2005			n = 60 (28-34 wks)																				
German																							
Bergant et al, 1998				n = 110 (4 days)																			
Muzik, et al, 2000															n = 50**				n = 50**				
Igbo																							
Uwakwe, 2003							n = 225																
Italian																							
Carpinello et al, 1997							n = 61																
Benvenuti et al, 1999										n = 113													
Japanese																							
Okano et al, 1996				unknown timing																			
Yoshida et al, 1997, 2001							n = 88/98 (In Japan/London)								n = 98 (In London)								
Yamashita et al, 2000, 2003				n = 88 (5 days)			n = 88								n = 88								
Okano et al, 2005							n=108																

	Antenatal (trimester)			Postpartum																					
	1st	2nd	3rd	1 wk	2 wks	3 wks	4 wks	5 wks	6 wks	7 wks	8 wks	9 wks	10 wks	11 wks	12 wks	4 mths	5 mths	6 mths	7 mths	8 mths	>8 mths				
Malay																									
Rushidi et al, 2003							n=64																		
Maltese																									
Felice et al, 2005		n=223 (mean 18.6 wks)									n=223														
Norwegian																									
Eberhard-Gran et al, 2001										n = 310			n = 310												
Berle et al, 2003										n = 411					n = 411										
Portuguese																									
Areias et al, 1996		n = 96*** (6 mths)													n = 36****						n = 96***				
Da-Silva et al, 1998		n = 33					n = 33																		
Punjabi																									
Clifford et al, 1999										n = 98											n = 52 (16-18 wks)				
English - Sth African																									
Lawrie et al, 1998										n = 103% (up to 18 wks)															
Spanish																									
Jadresic et al, 1995															n = 108										
Vega-Dienstmaier et al, 2002							n = 321 (up to 12 mths)																		
Garcia-Esteve et al, 2003										n = 1123															
Ascasi et al, 2003										n = 1191															
Swedish																									
Lundh et al, 1993						n = 169^				n = 169^					n = 169^						n = 169 (8-9 mths)				
Wickberg et al, 1996															n = 1655										
Bagedahl-Strindlund et al, 1998															n = 1655 n=309 (mean 13.5 wks)										
Turkish																									
Aydin et al, 2004				n=341 (up to 12 mths)																					
Vietnamese																									
Matthey et al, 1997										n = 113															
Barnett et al, 1999										n = 113												n = 96			

*after miscarriage ** total sample = 50, but the EPDS at 3 or 6 months ***54 women, 42 male partners **** 24 women, 12 male partners, ^minimum sample size up to 258

Edinburgh Postnatal Depression Scale (EPDS)

Translated Versions

VALIDATED

ABOUT THIS RESOURCE

THE EDINBURGH POSTNATAL DEPRESSION SCALE (VALIDATED TRANSLATIONS)

1. Arabic
 2. Chinese
 3. Dutch
 4. French
 5. German
 6. Igbo
 7. Italian
 8. Japanese
 9. Malay
 10. Maltese
 11. Norwegian
 12. Portuguese
 13. Punjabi
 14. South African - English
 15. Spanish
 16. Swedish
 17. Turkish
 18. Vietnamese
-



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

Full name: _____ Date : _____

سيدتي
الرجاء أن تضعي خطا تحت الجواب الذي يعبر بطريقة أدق عن كيفية شعورك في الأيام السبعة الماضية، وليس عن شعورك
اليوم فحسب.

إليك مثل وقد أكمل:

- لقد شعرت بأنني سعيدة
- نعم كل الأوقات
- نعم معظم الأوقات
- كلا ليس في أحوال كثيرة
- كلا أبدا

وهذا يعني : لقد شعرت بأنني سعيدة معظم الوقت خلال الأسبوع الماضي. الرجاء أن تكلمي الأسئلة الأخرى بالطريقة ذاتها.

نرجو أن تضعي خطا تحت أحد الأجوبة التالية:

خلال الأيام السبعة الماضية

1. لقد استطعت الشعور بالفرح والسعادة
- بالمقدار نفسه الذي استطعته قبلا
 - ليس تماما بالمقدار نفسه الآن
 - قطعا ليس بالمقدار نفسه الآن
 - كلا مطلقا

2. لقد تطلعت الى الأمور بتمتع
- بالمقدار نفسه مثل أي وقت مضى
 - أقل نوعا ما مما اعتدته
 - قطعا أقل مما اعتدته
 - نادرا. أبدا

3. لقد لمت نفسي بدون لزوم عندما سارت الأمور على غير ما يرام
- نعم في معظم الأحيان
 - نعم في بعض الأحيان
 - ليس في أحوال كثيرة
 - كلا أبدا

4. لقد كنت قلقة ومشغولة البال بدون سبب وجيه

- كلا أبدا
- نادرا
- نعم في بعض الأحيان
- نعم في احوال كثيرة

5. لقد شعرت بالخوف والذعر بدون سبب وجيه

- نعم أكثر الأحيان
- نعم في بعض الأحيان
- كلا ليس كثيرا
- كلا مطلقا

6. تراكمت الأعمال علي فلم أستطع القيام بها كلها

- نعم في معظم الأحيان لم أستطع أبدا القيام بها
- نعم في بعض الأحيان لم أستطع القيام بها كالمعتاد
- كلا لقد استطعت القيام بها في بعض الأحيان
- كلا لقد استطعت القيام بها كالمعتاد

7. لقد كنت غير سعيدة لدرجة أنه كانت لدي صعوبة في النوم

- نعم في معظم الأحيان
- نعم في بعض الأحيان
- ليس كثيرا
- كلا أبدا

8. لقد شعرت بأنني لست سعيدة وبانسة

- نعم في معظم الأحيان
- نعم أكثر الأحيان
- كلا ليس أكثر الأحيان
- كلا مطلقا

9. لقد كنت غير سعيدة وأشعر بالمرير لدرجة كنت ابكي

- نعم في معظم الأحيان
- نعم أكثر الأحيان
- فقط من وقت الى آخر
- كلا أبدا

10. لقد خطرت لي فكرة الحاق الأذى بنفسني

- نعم في احوال كثيرة
- نعم في بعض الأحيان
- نادرا
- كلا مطلقا

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

The Arabic version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. It is not completely clear which is the best cut-off point to recommend from the Arabic EPDS validation studies and the lower cut-off point has been chosen.

The EPDS is a screening measure rather than a diagnostic instrument. It is important that the EPDS is able to identify all cases of major depression as there may be no further opportunity to identify depression.

2. This Arabic-EPDS version was translated and back-translated in Sydney.

Based on information from four published validation studies comparing the Arabic translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

ARABIC

Countries where Arabic is spoken:

- Algeria
- Bahrain
- Chad
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- Guinea
- Iran
- Iraq
- Israel
- Jordan
- Kuwait
- Lebanon Arabic (Lebanese)
- Mauritania
- Morocco
- Niger
- Oman
- Qatar
- Saudi Arabia (Republic)
- Somali
- Sudan
- Syria
- Tunisia
- Turkey
- United Arab Emirates
- Yemen

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

The validity of the Arabic Edinburgh Postnatal Depression Scale

Ghubash, R., Abou-Saleh, M.T. & Daradkeh, T.K. (1997). The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry and Psychiatric Epidemiology*, 32, 474-476. ¹

SUMMARY OF VALIDATION STUDY

A **cut-off point of 9/10** was considered to be optimal for screening a population of Arabic women at **one week postpartum**.

Study participants

Ninety-five women with a mean age of 28.6 years were recruited from New Dubai Hospital in the United Arab Emirates of Dubai in 1994. A third of the women (31%) had an elementary/secondary education and 51% had a higher education level. Over half (65%) of the women had a normal delivery.

Study design

Developed a translated Arabic-EPDS by a group of bilingual psychiatrists. The EPDS was back-translated by a second group of bilingual psychiatrists. This Arabic-EPDS version was compared with the Present State Examination (PSE) semi-structured interview. The EPDS was administered one week postpartum and the PSE was administered 8 weeks postpartum (+/- 2 weeks).

Study findings

	Cut-off 9/10	Cut-off 11/12
Sensitivity	91%	73%
Specificity	84%	90%
Positive Predictive Value	44%	50%
Negative Predictive Value	99%	96%

Using a cut-off point of 9/10, the prevalence of postnatal depression using EPDS was 26% one week after birth.

T-test found a statistically significant difference between depressed and non-depressed women, $p=0.0001$. The EPDS was found to be reliable and correlated well with the PSE.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

Screening for postnatal depression in women of non-English speaking background

Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic

Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney

Barnett, B., Matthey, S. & Gyaneshwar, R. (1999). Screening for postnatal depression in women of non-English speaking background. *Archives of Women's Mental Health*, 2, 67-74. ²

Matthey, S. & Barnett, B. (1997). Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic. In B. Ferguson & D. Barnes (Eds.), *Perspectives on transcultural mental health* (pp.77-82). Sydney: Transcultural Mental Health Centre. ³

Matthey, S. & Barnett, B. (1996). Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney. In I.H. Minas (Ed.), *Recent developments in mental health* (pp.164-170). Melbourne: Centre for Cultural Studies in Health, University of Melbourne. ⁴

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Arabic speaking women at **second trimester of pregnancy, six weeks postpartum** and **six months postpartum**.

Study participants

One hundred and twenty-five women were recruited from antenatal clinics in South West Sydney, Australia and agreed to complete the antenatal assessments. By 6 weeks postpartum, there were 98 participants and this reduced to 77 by 6 months postpartum. Women who dropped out at 6 weeks postpartum were significantly younger than the women who remained in the program. Women who dropped out at 6 months postpartum were significantly older. The mean age of the Arabic women was 28 years. All women were married or defacto and 37% of the women were primiparous. Very few Arabic women reported a poor relationship with her mother and her partner.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

Study design

Used the Arabic-EPDS version developed with Ethnic Health Workers using a blind back-translation and Brislin methodology (Matthey et al., 1997). The Arabic-EPDS version was compared with the General Health Questionnaire-30 item (GHQ-30), Faces sheet Five faces scale, Social Support Questionnaire and Diagnostic Interview Schedule (DIS) for DSM-III-R for major depression and anxiety. All assessments were administered antenatally, at 6 weeks and 6 months postpartum.

Study findings

n=98; 6 weeks postpartum	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11
Sensitivity	77.8%	77.8%	66.7%
Specificity	67.4%	80.2%	86.0%
Positive Predictive Value	20%	29.2%	33.3%

Using the EPDS, 40% of these Arabic women were above the cut-off score of 9/10 in the second trimester of pregnancy. This dropped to 25% at 6 weeks postpartum but was significantly higher at 6 months postpartum (33.8%).

The level of DSM-III-R major depression for these Arabic women was found to be similar at 6 weeks and 6 months postpartum (9.2% and 9.3% respectively).

The level of DSM-III-R depression and anxiety for these Arabic women was 14.3% at 6 weeks postpartum, however, at 6 months postpartum, the proportion of women with depression and anxiety was significantly higher (19.5%).

Length of time in Australia was not significantly associated with EPDS scores for Arabic women.

The EPDS was acceptable to the women and a suitable screening instrument for postnatal distress and depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ARABIC)

Prevalence of postpartum depression in a Moroccan sample

Agoub, M., Moussaoui, D. & Battas, O. (2005). Prevalence of postpartum depression in a Moroccan sample. *Archives of Women's Mental Health*, 8(1), 37-43. ⁵

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of Arabic women at **two weeks postpartum**.

Study participants

One hundred and forty-four women who resided in Casablanca, Morocco during a two month period in 1999 were recruited 15-20 days postpartum. The mean age of the women was 30.3 years. More than half (55.6%) had an elementary or secondary education and 38.9% were illiterate. Only 11.1% were employed. Most women (82%) had a normal delivery. Most of the participants (82%) reported a good marital relationship and 29% lived in the traditional family of the husband.

Study design

Comparison of the Arabic-EPDS version developed by Ghubash *et al* (1997) and the Mini International Neuropsychiatric Interview (MINI) for DSM-IV axis I disorders at two weeks postpartum.

Study findings

	Cut-off 9/10	Cut off 10/11	Cut-off 11/12
Sensitivity	100%	96%	92%
Specificity	88%	95%	96%
Positive Predictive Value	65%	83%	86%

When depressed mothers were compared with non-depressed mothers, they were significantly more likely to have experienced pregnancy complications, stressful life events during pregnancy, infant health problems and marital relationship difficulties $p < 0.02$.

The EPDS was found to be reliable and correlated well with the MINI.

Using an EPDS cut-off point of 11/12, the prevalence of postnatal depression at between 2 and 3 weeks postpartum was 20.1%.

Using the MINI, the prevalence of DSM-IV depression was 18.7%, 6.9%, 11.8% and 5.6% at 2-3 weeks, 6 weeks, 6 months and 9 months postpartum respectively.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Full name: _____ Date : _____

愛丁堡產後憂鬱量表 (HK-EPDS2.0a)

姓名 _____ 年齡 _____ 新生孩子周歲 _____ 填表日期 _____

說明：因為您剛生了孩子，我們想瞭解一下您的感受，請選擇一個最能反映您過去七天感受的答案。

注意：不只是您今天的感覺，而是過去七天的感受。例如：

- 我感到愉快。
- (1) 所有時候這樣。
 - (2) 大部分時候這樣。
 - (3) 不經常這樣。
 - (4) 一點也沒有。

選擇答案 (2) 表明在上一周內你大部分時間都感到愉快。請照同樣方法完成以下各題。

在過去七天內：

1. 我能看到事物有趣的一面，並笑得開心。
 - (1) 同以前一樣。
 - (2) 沒有以前那麼多。
 - (3) 肯定比以前少
 - (4) 完全不能。

2. 我欣然期待未來的一切。
 - (1) 同以前一樣。
 - (2) 沒有以前那麼多。
 - (3) 肯定比以前少
 - (4) 完全不能

3. 當事情出錯時，我會不必要地責備自己。
 - (1) 大部分時候這樣。
 - (2) 有時候這樣。
 - (3) 不經常這樣。
 - (4) 沒有這樣。

4. 我無緣無故感到焦慮和擔心。
 - (1) 一點也沒有。
 - (2) 極少有。
 - (3) 有時候這樣。
 - (4) 經常這樣。

- 5 · 我無緣無故感到害怕和驚慌。
- (1) 相當多時候這樣。
 - (2) 有時候這樣。
 - (3) 不經常這樣。
 - (4) 一點也沒有。
- 6 · 很多事情衝著我而來，使我透不過氣。
- (1) 大多數時候我都不能應付。
 - (2) 有時候我不能像平時那樣應付得好。
 - (3) 大部分時候我都能像平時那樣應付得好。
 - (4) 我一直都能應付得好。
- 7 · 我很不開心，以至失眠。
- (1) 大部分時候這樣。
 - (2) 有時候這樣。
 - (3) 不經常這樣。
 - (4) 一點也沒有。
- 8 · 我感到難過和悲傷。
- (1) 大部分時候這樣。
 - (2) 相當時候這樣。
 - (3) 不經常這樣。
 - (4) 一點也沒有。
- 9 · 我不開心到哭。
- (1) 大部分時候這樣。
 - (2) 有時候這樣。
 - (3) 只是斷斷續續這樣。
 - (4) 沒有這樣。
- 10 · 我想過要傷害自己。
- (1) 相當多時候這樣。
 - (2) 有時候這樣。
 - (3) 很少這樣。
 - (4) 沒有這樣

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

The Chinese version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Chinese-EPDS version was developed and validated in Hong Kong with predominantly a Cantonese-speaking population. This measure has also been validated in a Mandarin-speaking Chinese population in Shanghai and found to be easy to use with the same recommended cut-off.
2. The Chinese-EPDS version has also been validated in Taiwan with Taiwanese women.
3. The Chinese-EPDS can be used for all Chinese speaking women, however, some women may be unable to understand some of the wording and it is important to check that they are able to read the items.
4. The **recommended cut-off point is 11/12** when the Chinese version of the EPDS is used at **6 weeks after miscarriage**.
5. The Chinese version of the EPDS is **NOT a reliable and valid** screening tool for depression **two days postpartum**.
5. Item 6 is meaningless in Cantonese so the closest semantic equivalent was used in the translation.

Based on the information from seven published validation studies comparing the Chinese translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

CHINESE

Countries where Chinese is spoken:

- Brunei
- Cambodia
- China
- Hong Kong
- Indonesia
- Laos
- Macau
- Malaysia
- Philippines
- Singapore
- Taiwan
- Thailand
- Vietnam

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Screening psychiatric morbidity after miscarriage: application of the 30-item General Health Questionnaire and the Edinburgh Postnatal Depression Scale

Lee, D.T.S., Wong, C.K., Ungvari, G.S., Cheung, L.P., Haines, C.J. & Chung, T.K.H. (1997). Screening psychiatric morbidity after miscarriage: application of the 30-item General Health Questionnaire and the Edinburgh Postnatal Depression Scale. *Psychosomatic Medicine*, 59, 207-210. ⁶

SUMMARY OF VALIDATION STUDY

A **cut-off point of 11/12** was considered to be optimal for screening a population of Chinese women at **six weeks after miscarriage**.

Study participants

One hundred and fifty-six women with a mean age of 31.7 years were recruited from Prince of Wales Hospital, Hong Kong. The majority of women (91%) were married and almost half (43%) were housewives. A quarter (25.5%) of these women had experienced at least one miscarriage in the past, and 36% of the women had had previous abortions. Six percent (6%) of the women had a past history of psychiatric problems.

Study design

Comparison of the earlier Chinese-EPDS version developed by Dominic Lee and his colleagues and the General Health Questionnaire-30 (GHQ-30), Beck Depression Inventory (BDI) and the Structured Clinical Interview for DSM-III-R (SCID) criteria for depressive disorders and anxiety at six weeks post miscarriage.

Study findings

	Cut-off 9/10	Cut-off 10/11	Cut-off 11/12
Sensitivity	88%	88%	88%
Specificity	72%	80%	86%
Positive Predictive Value	28%	34%	42%
Negative Predictive Value	98%	98%	98%

The EPDS was moderately correlated with the GHQ (0.63) and the BDI (0.64). It was shown to have convergent validity with DSM-III-R depression and good internal validity (0.66).

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Both GHQ and EPDS had a good sensitivity and specificity in screening for psychiatric morbidity after miscarriage. The convergent validity and the internal consistency of both scales were satisfactory.

The EPDS could only identify those subjects with major depression.

The GHQ was longer to perform, but was able to detect both anxiety and depressive disorders. The GHQ had better psychometric properties compared with EPDS (p.207).

The EPDS used with a cut-off point of 11/12 improved detection of depression after miscarriage.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Detecting postnatal depression in Chinese women: Validation of the Chinese version of the Edinburgh Postnatal Depression Scale

Screening for postnatal depression using the double-test strategy

Screening for postnatal depression: are specific instruments mandatory?

- A. Lee, D.T.S., Yip, S.K., Chui, H.F.K., Leung, T.Y.S., Chan, K.P.M., Chau, I.O.L., Leung, H.C.M. & Chung, T.K.H. (1998). Detecting postnatal depression in Chinese women: Validation of the Chinese version of the Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 172, 433-437. ⁷
- B. Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K. & Chung, T.K.H. (2000). Screening for postnatal depression: using the double-test strategy. *Psychosomatic Medicine*, 62, 258-263. ⁸
- C. Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K., Leung, T.Y.S. & Chung, T.K.H. (2001). Screening for postnatal depression: are specific instruments mandatory? *Journal of Affective Disorders*, 63, 233-238. ⁹

These studies use the same populations (Chinese women recruited from Princess of Wales Hospital, Hong Kong) and study design to report comparisons of the Chinese-EPDS, GHQ and BDI.

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of women at **six weeks postpartum**.

Study participants

One hundred and forty-five women with a mean age of 29 years were recruited from Prince of Wales Hospital, Hong Kong. Almost half of the women (53%) had at least an elementary or secondary education and 3% were illiterate. Almost half of the women (45%) were employed, mostly full-time. Nearly all of the women were married (97%) and the additional 3% of women cohabited with the baby's father. Most of the families (78%) were in Class 3 socioeconomic status band (Class 1-5, with Class 1 the highest) and a further 15% were in Class 2. Fifteen percent (15%) of the women had either a personal or a family history of psychiatric problems.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Study design

Comparison of the Chinese-EPDS version developed by Dominic Lee and his colleagues and the General Health Questionnaire (GHQ), Beck Depression Inventory (BDI) and the Structured Clinical Interview for DSM-III-R (SCID) criteria for depressive disorders (major & minor depression) at six weeks postpartum.

Study findings - A

Using the EPDS to detect postnatal depression at 6 weeks postpartum:

	Cut-off 9/10	Cut-off 12/13
Sensitivity	82%	41%
Specificity	86%	95%
Positive Predictive Value	44%	-
Negative Predictive Value	97%	-

The EPDS was correlated with the GHQ (0.50) and moderately correlated with the BDI (0.73). The EPDS had convergent validity with DSM-III-R depression and good internal validity.

The mean EPDS score of the women with major depression was higher than those with depressive disorder not otherwise specified which, in turn, was higher than the mean score of non-depressed women.

At a cut-off point of 12/13, the prevalence of postnatal depression was 11.3% six weeks after birth and the specificity 41% with specificity 95%.

The EPDS used with a cut-off point of 9/10 improved detection of postnatal depression compared with the cut-off 12/13 and with standard health services in Hong Kong that did not use the EPDS.

Study findings - B

Using the EPDS and GHQ together to detect postnatal depression.

	EPDS	GHQ	EPDS & GHQ
	Cut-off 9/10	Cut-off 4/5	Cut-off 9/10 & 4/5
Sensitivity	82%	88%	82%
Specificity	86%	89%	97%
Positive Predictive Value	44%	52%	78%
Negative Predictive Value	97%	98%	98%
AUC ROC	91%	95%	-

Using the EPDS and GHQ together can improve positive predictive value and reduce the number of false positive results when screening for postnatal depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Lowering false positive rates in population screening reduces unnecessary alarm and referrals.

Study findings - C

Comparison of the EPDS with the BDI and GHQ to detect postnatal depression.

	EPDS	GHQ	BDI
	Cut-off 9/10	Cut-off 4/5	Cut-off 10/11
Sensitivity	82%	88%	82%
Specificity	86%	89%	89%
Positive Predictive Value	44%	52%	50%
Negative Predictive Value	97%	98%	97%
AUC ROC	91%	95%	95%

The BDI and GHQ are useful in detecting depression in postpartum and may be useful alternative measures, rather than the EPDS, in postnatal depression research.

Asian women are more likely to present their depression with somatic symptoms. The BDI, with its somatic items, may be particularly suitable for Chinese subjects.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Validation of the Chinese version of the Edinburgh Postnatal Depression Scale: detecting postnatal depression in Taiwanese women

Heh, S.S. (2001). Validation of the Chinese version of the Edinburgh Postnatal Depression Scale: detecting postnatal depression in Taiwanese women. *Hu Li Yan Jiu*, 9(2), 105-113. (English translation)¹⁰

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of women in Taipei, Taiwan at **four weeks postpartum**.

Study participants

One hundred and twenty women with an age range of 20 to 35 years were recruited from hospitals in Taipei, Taiwan. All of the women were married, primiparous, had a normal delivery and a healthy baby. Nearly all (74%) were employed and had college education.

Study design

Developed a translated EPDS by the authors and back-translated by an English teacher familiar with both languages. The Taiwanese-EPDS version was piloted on three women with similar characteristics to the study sample and the results were highly consistent. This Taiwanese-EPDS version was compared with the Beck Depression Inventory (BDI-21).

Study Findings

The mean EPDS score was 8.95 (± 4.75) with a range of 0 to 26. Using a cut-off of 9/10, the prevalence of postnatal depression was 21%.

The EPDS was strongly correlated with the BDI (0.79).

At a cut-off of 9/10, all EPDS items were found to differentiate between high risk and low risk women for postnatal depression ($p < 0.001$). It was shown to have good internal consistency (Cronbach's alpha, 0.87) and reliability (split-half = 0.89). The highest scores on the EPDS were for self-blaming, being anxious and unable to cope (Items 3, 4 and 6).

This Chinese version of the EPDS was found to be appropriate and recommended for screening postnatal depression among Taiwanese women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Postdelivery screening for postpartum depression

Lee, D.T.S., Yip, A.S.K., Chan, S.S.M., Tsui, M.H.Y., Wong, W.S. & Chung, T.K.H. (2003). Postdelivery screening for postpartum depression. *Psychosomatic Medicine*, 65, 357-361. ¹¹

SUMMARY OF VALIDATION STUDY

NO cut-off point was considered to be optimal for screening a population of women at **two days postpartum**.

Study participants

One hundred and forty-five women with a mean age of 29 years were recruited from Prince of Wales Hospital, Hong Kong. Almost half of the women (53%) had at least an elementary or secondary education and 3% were illiterate. Almost half of the women (45%) were employed, mostly full-time. Nearly all of the women were married (97%) and the additional 3% of women cohabited with the baby's father. Most of the families (78%) were in Class 3 socioeconomic status band (Class 1-5, with Class 1 the highest) and a further 15% were in Class 2. Fifteen percent (15%) of the women had either a personal or a family history of psychiatric problems.

Study design

Prospective study of the Chinese-EPDS version developed by Dominic Lee and his colleagues, the General Health Questionnaire (GHQ) and the Beck Depression Inventory (BDI) used at two days postpartum compared with the results obtained at 6 weeks postpartum using a psychiatrist administered Structured Clinical Interview for DSM-III-R (SCID) diagnosis of depressive disorders (major & minor depression).

Study findings

The aim of the study was to determine if postnatal depression at 6 weeks postpartum could be identified as early as 2 days postpartum using the EPDS, GHQ or BDI.

Standard cut-off	EPDS	GHQ	BDI
	Cut-off 9/10	Cut-off 4/5	Cut-off 10/11
Sensitivity	50%	36%	57%
Specificity	69%	87%	90%
Positive Predictive Value	17%	28%	43%
Negative Predictive Value	91%	92%	95%

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

The table above shows that these three measures when used at the usual cut-off levels did not provide sufficient sensitivity to detect women with postnatal depression two days postpartum.

The psychometric performance of the measures was unsatisfactory.

The results showed that the measures were not valid nor were they reliable when used to detect postnatal depression immediately after delivery. Even with very low cut-off levels (eg. EPDS 4/5, GHQ 1/2 & BDI 3/4) were used, the sensitivity was only about 80% and the positive predictive value was very low (eg. EPDS 13%, GHQ 21% & BDI 18%).

These results suggest that screening for postnatal depression 2 days after delivery may result in unacceptably high numbers of false positive results (positive predictive value) and low detection of postnatal depression (sensitivity). Both of these outcomes are equally undesirable.

It is recommended that the Chinese EPDS should not be used to identify postnatal depression at two days postpartum as the results are likely to be inaccurate.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

Screening postpartum depression with the Taiwanese version of the Edinburgh Postnatal Depression Scale

Teng, H.W., Hsu, C.S., Shih, S.M., Lu, M.L. Pan, J.J., & Shen, W.W. (2005). Screening postpartum depression with the Taiwanese version of the Edinburgh Postnatal Depression Scale. *Comprehensive Psychiatry*, 46, 261-265.¹²

SUMMARY OF VALIDATION STUDY

A cut-off point of 12/13 was considered to be optimal for screening a population of women at **six weeks postpartum**.

Study participants

Three hundred and twenty eight women with a mean age of 29 years were recruited from Taipei Medical University-Wan Fang Hospital. Only 203 women completed the questionnaires at 3 days postpartum for baseline information and 6 weeks postpartum. Nearly all of the women were married or cohabiting (96%). Over half of the women (57%) were employed, mostly full-time. The women were generally well educated with 39% of women finishing 10 to 12 years of education and 51% of women with 13 to 17 years of education.

Study design

Used the Chinese-EPDS version developed by Dominic Lee and his colleagues in Hong Kong for a pilot study of the Chinese-EPDS and modified several questions after back-translating identified some dialect and cultural differences from the Cantonese version. The Taiwanese-EPDS version was compared with the Beck Depression Inventory (BDI) and the Mini International Neuropsychiatric Interview (MINI) for DSM diagnosis (DSM-IV) at six weeks postpartum.

Study findings

	Cut-off 12/13
Sensitivity	96%
Specificity	85%
Positive Predictive Value	46%
Negative Predictive Value	99%

The EPDS was moderately correlated with the BDI (0.77). It was shown to have good internal consistency (Cronbach's alpha, 0.87) and split-half reliability (0.83).

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CHINESE)

The mean EPDS score of the women with major depression (21.6) was significantly higher than those with depressive disorder (not otherwise specified) (15.7) which, in turn, was significantly higher than the mean score of non-depressed women (7.8) [$p < 0.001$].

The prevalence of postnatal depression was 10.3% six weeks after birth. Nineteen women (9.4%) had major depression and the majority of these women (68%) also had a diagnosed anxiety disorder. Three women were excluded from the prevalence because their mood disorder was present at baseline and therefore not considered to be postnatal depression.

Another 12.3% of women met DSM criteria for other disorders, including anxiety and panic disorder.

The Chinese version of the EPDS was found to be a valid and reliable screening tool for Taiwanese women.

The BDI also had valid results, however, the cut-off point of 12/13 was lower to achieve good sensitivity than the usually recommended cut-off when using the BDI.



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – DUTCH)

Full name: _____ Date : _____

Hoe voelt u zich?

Aangezien u onlangs een baby heeft gehad willen wij graag weten hoe u zich nu voelt. Onderstreep aub het antwoord dat het beste beschrijft hoe u zich de laatste 7 dagen heeft gevoeld, niet alleen hoe u zich vandaag voelt. Hieronder volgt een voorbeeld:

Ik voel me gelukkig:

Ja, over het algemeen

Ja, soms

Nee, niet echt

Nee, helemaal niet

In dit geval zou uw antwoord betekenen: “Ik heb me soms gelukkig gevoeld in de afgelopen week.” Beantwoord aub de volgende vragen op dezelfde manier.

In de afgelopen 7 dagen

1. Ik heb kunnen lachen en de zonnige kant van de dingen kunnen inzien:

Zoveel als ik altijd kon

Niet zo veel nu als anders

Zeker niet zo veel nu als anders

Helemaal niet

2. Ik heb met plezier naar dingen uitgekeken:

Zoals altijd of meer

Wat minder dan ik gewend was

Absoluut minder dan ik gewend was

Nauwelijks

3. Ik heb mij zelf onnodig verwijten gemaakt als er iets fout ging:

Ja, heel vaak

Ja, soms

Niet erg vaak

Nee, nooit

4. Ik ben bang of bezorgd geweest zonder dat er een aanleiding was:

Nee, helemaal niet

Nauwelijks

Ja, soms

Ja, zeer vaak

5. Ik reageerde schrikachtig of paniekerig zonder echt goede reden:

Ja, tamelijk vaak

Ja, soms

Nee, niet vaak

Nooit

6. De dingen groeiden me boven het hoofd:

Ja, meestal was ik er niet tegen opgewassen

Ja, soms was ik minder goed tegen dingen opgewassen dan anders

Nee, meestal kon ik de dingen erg goed aan

Nee, ik kon alles even goed aan als anders

7. Ik voelde me zo ongelukkig dat ik er bijna niet van kon slapen:

Ja, meestal

Ja, soms

Niet vaak

Helemaal niet

8. Ik voelde me somber en beroerd:

Ja, bijna steeds

Ja, tamelijk vaak

Niet erg vaak

Nee, helemaal niet

9. Ik was zo ongelukkig dat ik heb zitten huilen:

Ja, heel vaak

Ja, tamelijk vaak

Alleen af en toe

Nee, nooit

10. Ik heb eraan gedacht om mezelf iets aan te doen:

Ja, tamelijk vaak

Soms

Nauwelijks

Nooit

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION DUTCH)

The Dutch version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 12/13

A score of 13 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The study does not provide sensitivity and specificity statistics. A cut off of 12/13 was used for the study.
2. The EPDS items correlate with depression and anxiety.

Based on information from two published validation studies comparing the Dutch translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

DUTCH

Countries where Dutch is spoken:

- Indonesia
- Netherlands

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION DUTCH)

Characteristics of the Edinburgh Post Natal Depression Scale in The Netherlands.

Pop, V.J., Komproe, I.H. & van Son, M.J. (1992). Characteristics of the Edinburgh Post Natal Depression Scale in the Netherlands. *Journal of Affective Disorders*, 26, 105-110. ¹³

SUMMARY OF VALIDATION STUDY

A cut-off point of 12/13 was considered to be optimal for screening a population of Dutch women at **four weeks postpartum**.

Study participants

Two hundred and ninety-three women with a mean age of 29.5 years were recruited from a larger study on the effect of thyroid dysfunction on depression in Eindhoven, southern Netherlands. All women had a partner or were married. Of the women studied, 84% intended to have a home delivery, however 32% needed hospital delivery due to complications. A further 16% had a normal delivery in hospital. For 44% of the women, this was the first baby.

Study design

Developed a translated EPDS by the authors and back-translated by a native English-speaker and compared with the English version. This Dutch-EPDS version was compared with the Dutch version of the Depressive Adjective Check List (VROPSOM), Self-rating Depression Scale (SDS), Beck Depression Inventory (BDI) and the Symptom Check List (SCL90-D).

Study findings

The researchers used factor analysis to determine that the EPDS was a valid measure of depression. The questions in the EPDS were found to correlate with both depression and anxiety.

Latent factor	Factor Label	EPDS Questions
Factor 1	Depressive symptoms	1,2,7,8,9,10
Factor 2	Cognitive anxiety	3, 4, 5
Factor 1 & 2	Depressive symptoms & Cognitive anxiety	6 ("Things have been getting on top of me")

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION DUTCH)

The EPDS was moderately correlated with the VROPSOM (0.69), SDS (0.57), BDI (0.59) and the SCL-90-D (0.60). It was also shown to have excellent internal validity (0.82).

It was concluded that the Dutch-EPDS is a user friendly self-rating scale that can be completed quickly. The researchers also found that participants were happy to complete all the questions.

The Dutch version of the EPDS identified depressive symptoms and cognitive anxiety.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION DUTCH)

Does the Edinburgh Postnatal Depression Scale measure anxiety?

Brouwers, E.P.M., van Baar, A.L. & Pop, V.J.M. (2001). Does the Edinburgh Postnatal Depression Scale measure anxiety? *Journal of Psychosomatic Research*, 51, 659-663.¹⁴

SUMMARY OF VALIDATION STUDY

A cut-off point of 12/13 was considered to be optimal for screening a population of Dutch women at **twenty-four weeks gestation**.

Study participants

One hundred and ninety-seven women with a mean age of 30.8 years were recruited from a larger study on the effect of maternal thyroid hormone during pregnancy in the Netherlands. Almost half (42%) were in their first pregnancy. Over half of the women (57%) were in the middle income bracket.

Study design

Used the Dutch-EPDS version developed by Pop et al (1992) and compared with the depression and anxiety subscales of the Symptom Check List (SCL-90) and State and Trait Anxiety Inventory (STAI) trait and state anxiety subscales. The study aimed to determine whether the EPDS measured anxiety, as well as depression at a cut-off of 12/13.

Study findings

The researchers used principal component factor analysis to determine that the EPDS was a valid measure of depression.

The EPDS identified depressive symptoms and anxiety. The questions in the EPDS were correlated with both depression and anxiety.

Latent factor	Factor Label	EPDS Questions	Variance Accounted For
Factor 1	Depressive symptoms	1, 2, 8	39.9%
Factor 2	Anxiety symptoms	3, 4, 5	12.2%

A third factor was identified but excluded because the factor loaded exclusively on item 10 which refers to self harm but the majority of the women (97.5%) had never thought of harming themselves.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION DUTCH)

The EPDS was shown to have high internal consistency (Cronbach's alpha, 0.80) and the two subscales, depressive symptoms and anxiety symptoms, had moderate correlations (0.79 and 0.60 respectively).

The depressive symptoms subscale did not correlate well (0.37) with the anxiety symptoms subscale which indicates that the subscales are measuring different symptoms.

The EPDS items were better correlated with both the depressive symptoms and the anxiety symptoms subscales than the subscales did with each other.

The study concluded that the EPDS does not accurately and reliably measure anxiety. Only three items of the EPDS were identified to measure anxiety symptoms.

Health professionals should be aware however, that the EPDS is measuring anxiety, as well as depression.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Full name: _____ Date : _____

Vous venez d'avoir un bébé. Nous aimerions savoir comment vous vous sentez. Nous vous demandons de bien vouloir remplir ce questionnaire en soulignant la réponse qui vous semble le mieux décrire comment vous vous êtes sentie durant la semaine (c'est-à-dire sur les 7 jours qui viennent de s'écouler) et pas seulement au jour d'aujourd'hui:

Voici un exemple

Je me suis sentie heureuse:

Oui, tout le temps

Oui, la plupart du temps

Non, pas très souvent

Non, pas du tout.

Ceci signifiera "je me suis sentie heureuse la plupart du temps durant la semaine qui vient de s'écouler". Merci de bien vouloir répondre aux autres questions.

PENDANT LA SEMAINE QUI VIENT DE S'ÉCOULER

1. J'ai pu rire et prendre les choses du bon côté:
Aussi souvent que d'habitude
Pas tout-à-fait autant
Vraiment beaucoup moins souvent ces jours-ci
Absolument pas
2. Je me suis sentie confiante et joyeuse, en pensant à l'avenir:
Autant que d'habitude
Plutôt moins que d'habitude
Vraiment moins que d'habitude
Pratiquement pas
3. Je me suis reprochée, sans raisons, d'être responsable quand les choses allaient mal:
Oui, la plupart du temps
Oui, parfois
Pas très souvent
Non, jamais
4. Je me suis sentie inquiète ou soucieuse sans motifs:
Non, pas du tout
Presque jamais
Oui, parfois
Oui, très souvent

5. Je me suis sentie effrayée ou paniquée sans vraiment de raisons:
Oui, vraiment souvent
Oui, parfois
Non, pas très souvent
Non, pas du tout
6. J'ai eu tendance à me sentir dépassée par les événements:
Oui, la plupart du temps, je me suis sentie incapable de faire face aux situations
Oui, parfois, je ne me suis pas sentie aussi capable de faire face que d'habitude
Non, j'ai pu faire face à la plupart des situations
Non, je me suis sentie aussi efficace que d'habitude
7. Je me suis sentie si malheureuse que j'ai eu des problèmes de sommeil:
Oui, la plupart du temps
Oui, parfois
Pas très souvent
Non, pas du tout
8. Je me suis sentie triste ou peu heureuse:
Oui, la plupart du temps
Oui, très souvent
Pas très souvent
Non, pas du tout
9. Je me suis sentie si malheureuse que j'en ai pleuré:
Oui, la plupart du temps
Oui, très souvent
Seulement de temps en temps
Non, jamais
10. Il m'est arrivé de penser à me faire du mal:
Oui, très souvent
Parfois
Presque jamais
Jamais

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

The French version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 10/11

A score of 11 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The **recommended cut-off point is 11/12** when the French version of the EPDS is used with high-risk antenatal women during the **third trimester of pregnancy**.
2. This study does not validate the use of the EPDS in the antenatal period for women with low risk pregnancies and at other periods of gestation.
3. The **recommended cut-off point is 9/10** when the French version of the EPDS is used at **three days postpartum**.

Based on information from three published validation studies comparing the French translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety. Also included are the results of validation study based on information collected from the abstract only.

FRENCH

Countries where French is spoken:

- Algeria
- Andorra
- Belgium
- Benin
(Dahomey)
- Burkina Faso
- Cambodia
- Canada
- Central African
Republics
- Chad
- Djibouti
- Dominican
Republic
- Egypt
- France
- Gabon
- Guinea
- Haiti
- Luxembourg
- Madagascar
- Mali
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Monaco
- Morocco
- New Caledonia
- Niger
- Rwanda
- Senegal
- Seychelles
- Switzerland
- Togo
- Tunisia
- Vanuatu
- Zaire

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Validation study of the French version of the Edinburgh Postnatal Depression Scale (EPDS): new results about use and psychometric properties

Guedeney, N. & Fermanian, J. (1998). Validation study of the French version of the Edinburgh Postnatal Depression Scale (EPDS): new results about use and psychometric properties. *European Psychiatry*, 13, 83-89. ¹⁵

Guedeney, N., Fermanian, J., Guelfi, J.D. & Kumar, R.C. (2000). The Edinburgh Postnatal Depression Scale (EPDS) and the detection of major depressive disorders in early postpartum: some concerns about false negatives. *Journal of Affective Disorders*, 61, 107-112. ¹⁶

SUMMARY OF VALIDATION STUDY

A cut-off point of 10/11 was considered to be optimal for screening a population of French women at between **3 weeks and four months postpartum**.

Study participants

Eighty-seven women with a mean age of 30.4 years were recruited from a maternity hospital in Paris, France. The majority of women (77%) were married or had a partner. More than half of the women (69%) had a normal delivery in hospital; 22% had a forceps delivery and 9% had a caesarean section delivery. The majority of the women (63%) worked full-time, with another 15% working part-time.

Study design

Developed a translated EPDS by the authors and back-translated by two native English-speakers and compared with the English version. This French-EPDS version was compared with the French validated version of the semi-structured interview Present State Examination (PSE-10) to diagnose DSM-III-R major and minor depressive disorders (definite and probable) according to Research Diagnostic Criteria (RDC). It was also compared with the Clinical Global Impression (CGI) and the Visual Analogic Scale (VAS) for severity of depression, General Health Questionnaire (GHQ-28) and the Center Epidemiological Scale – Depression (CES– D).

Study findings

The researchers used factor analysis to determine that the EPDS was a valid measure of depression. The questions in the EPDS were found to correlate with two subscales: depressive symptoms and depressive mood.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Latent factor	Factor Label	EPDS Questions
Factor 1	Depressive symptoms	3,4,5,6,7,8,9
Factor 2	Depressive mood	1,2,8,10
Factor 1 & 2	Depressive symptoms & Depressive mood”	8 (“I have felt sad or miserable”)

The prevalence found in this study at a cut-off point 10/11 was 51.7% which was considerably higher than the prevalence usually found for postpartum depression. At a cut-off of 10/11, there was good sensitivity and specificity as well as good positive and negative predictive values.

Prevalence of PND = 51.7%	Cut-off 10/11
Sensitivity	80%
Specificity	92%
Positive Predictive Value	91%
Negative Predictive Value	81%

When using a prevalence of postnatal depression of 15%, the positive predictive value was lower and there would be more cases of depression unidentified.

Comparison with a 15% prevalence rate:

Prevalence of PND=15%	Cut-off 9/10	Cut-off 10/11	Cut-off 11/12	Cut off 12/13
Sensitivity	84%	80%	73%	60%
Specificity	78%	92%	95%	97%
Positive Predictive Value	30%	64%	72%	78%
Negative Predictive Value	96%	96%	95%	93%

The EPDS was moderately correlated with the VAS (0.73), CGI (0.75), GHQ-28 (0.76), CES-D (0.84) and GHQ-Depressive Scale (0.62). The EPDS also had good internal validity (0.76) and test re-test reliability with a one week interval (0.92).

It was concluded that the French-EPDS is a user friendly self-rating scale that can be completed quickly. The researchers also found that participants were happy to complete all the questions. The EPDS can also be used in assessing the intensity of postnatal depression.

It is important that the EPDS is able to identify all cases of major depression as there may be no further opportunity to identify this level of depression. Therefore, these authors conducted further research to identify and investigate the screening results of three women who were false negative for major depression diagnosis.

The main depressive symptom of these three women was psychomotor retardation. They had dysphoric mood expressed as flatness, affect bluntness and irritability. It

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

was noted that they did not express sadness. One of these women took nearly 45 minutes to complete all 3 questionnaires because of psychomotor retardation. The other women took an average 15 minutes to complete these questionnaires.

The research identified 10 other studies where false negatives on the EPDS were investigated. Four of these 10 studies identified false negative results for major depression. All were community studies. (See Harris, B., Huckle, P. & Thomas, R., 1989 in the Wales, UK ¹⁷; Wickberg & Hwang, 1996 in Sweden¹⁸; Yoshida *et al.*, 1997 with Japanese women in the UK¹⁹; and Muzik *et al.*, unpublished).

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Detecting women at risk for postnatal depression using the Edinburgh Postnatal Depression Scale at 2 to 3 days postpartum

Teissède, F. & Chabrol, H. (2004). Detecting women at risk for postnatal depression using the Edinburgh Postnatal Depression Scale at 2 to 3 days postpartum. *Canadian Journal of Psychiatry*, 49 (1), 51-54.²⁰

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 and 10/11 were considered to be optimal for screening a population of French women **at 2 to 3 days and 4 to 6 weeks postpartum**.

Study participants

One thousand, three hundred and nine women with a mean age of 30.2 years were recruited from obstetric clinics in Toulouse, France. Almost all the women (97%) were married or cohabiting with the father. Most of these women (86%) had a normal delivery. One thousand, one hundred and fifty-four women of these women completed the EPDS at four to six weeks postpartum.

Study design

Used an amended French-EPDS version at 2 to 3 days postpartum. The version was changed to ask how they had been feeling 'since delivery' instead of 'in the past week.' At 4 to 6 weeks, the EPDS was sent to the mothers to complete and return by mail. This study compared three levels of EPDS scores at two postpartum times – 2-3 days and 4-6 weeks. Scores, at both times, were allocated to one of four score bands i.e. 0; 1 to 9; 10 to 12; ≥ 13 .

Study findings

There was a high response rate for completion of the EPDS (88.1%) when it was posted to the mothers at 4 to 6 weeks suggesting that the women found the questions acceptable.

The internal consistency of the EPDS was 0.79 at 2-3 days postpartum and 0.82 at four to six weeks postpartum.

The mean EPDS score at 2 to 3 days (mean EPDS 6.54; S.D. 4.64) was significantly higher than the EPDS scores at 4 to 6 weeks postpartum (mean EPDS 6.03, S.D. 4.36) [$p < 0.0001$]. The EPDS score at 2 to 3 days was the only significant predictor of the EPDS score at 4 to 6 weeks postpartum ($p < 0.0001$). Age, parity and type of delivery did not significantly predict subsequent depressive symptoms.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

It was also found that mothers tended to fall within the same EPDS score band at both times ($p < 0.001$).

The researchers claimed that cut-off scores of 9/10 and 10/11 gave good sensitivity, specificity and positive predictive value, however the results presented were difficult to interpret.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

A study on the Edinburgh Postnatal Depression Scale (EPDS) on 859 mothers: detection of mothers at risk for postpartum depression

ABSTRACT ONLY

Teissedre, F. & Chabrol, H. (2004). A study on the Edinburgh Postnatal Depression Scale (EPDS) on 859 mothers: detection of mothers at risk for postpartum depression. *Encephale*, 30(4), 376-381 (in French with English abstract).²¹

SUMMARY OF VALIDATION STUDY

A cut-off point of 8/9 was considered to be optimal for screening a population of French women **at three days postpartum**.

A cut-off point of 11/12 was considered to be optimal for screening a population of French women **at four to six weeks postpartum**.

Study participants

Eight hundred and fifty-nine women with a mean age of 30.3 years were recruited from obstetrical clinics in Toulouse, France. Mothers being treated for psychological problems or who had babies with a serious illness were excluded from the original study population. Almost all the women (82.6%) had a normal birth and 17.3% required caesarean section. For just over half of the women (51.5%), this was the first pregnancy.

Study design

This French-EPDS version was compared with the French version of the Mini International Neuropsychiatric Interviews (MINI) for DSM-IV for diagnosis of major depression, Structured Interview Guide for the Hamilton Depression Scale (SIGH-D) and the Beck Depression Inventory (BDI). At 4 to 6 weeks, the EPDS was mailed to mothers to complete and the EPDS at 3 days postpartum was completed in hospital.

Study findings

The researchers used factor analysis to determine that the EPDS was a valid measure of depression. At 3 days postpartum the questions in the EPDS were found to correlate with both depression (20%) and anxiety (28%). By 4 to 6 weeks, the measure was found to be one-dimensional with a single dimension accounting for 40% of the variance.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

	3 days pp Cut-off 8/9 (postpartum depression)	4 – 6 weeks pp Cut-off 11/12 (major depression)
Sensitivity	88%	91%
Specificity	50%	74%

At 3 days postpartum, 30% of the mothers had postnatal depression (EPDS cut-off 8/9) and 19% of the mothers had an EPDS score of at least 11/12. Between 4 to 6 weeks, 18.1% of these women had postnatal depression (EPDS cut-off 11) and 16.8% had major depression (EPDS cut-off 12).

The EPDS scores at 3 days and 4 to 6 weeks postpartum were significantly correlated ($r=0.56$, $p<0.05$). This indicates that women who were depressed at 3 days postpartum were significantly more likely to be depressed at 4 to 6 weeks postpartum. The probability of scoring above the EPDS cut-off at 4 to 6 weeks was greater for women who had higher scores at 3 days postpartum. The EPDS was moderately correlated with the BDI (0.68) and the Hamilton Depression Scale (0.67).

The EPDS was also shown to have excellent internal consistency at 3 days postpartum (>0.80).

The EPDS was considered to be of good validity and easy and quick to use in postnatal services. Mothers found to be depressed in the first week postpartum were at risk of developing major postpartum depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Validation of the Edinburgh Postnatal Depression Scale (EPDS) in a sample of women with high risk pregnancies in France

Adouard, F., Glangeaud-Freudenthal, N.N.C. & Golse, B. (2005). Validation of the Edinburgh postnatal depression scale (EPDS) in a sample of women with high-risk pregnancies in France. *Archives of Women's Mental Health*, 8(2), 89-95. ²²

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of French women **antenatally in the third trimester at 28 – 34 weeks gestation.**

Study participants

Sixty women with a mean age of 31.5 years and with high risk pregnancies were recruited from a maternity hospital in Paris, France. Almost all the women (98%) were living with the father. Of these women, 73% were married and 16% were co-habiting. Forty percent (40%) of the women had at least one previous obstetric problem including premature births (18%), termination of pregnancy for medical reasons (7%), induced abortion (25%), spontaneous abortion (22%) or ectopic pregnancy (2%). For the current pregnancy, 20% had undergone fertility treatment, 12% were twin pregnancies and 18% had been given *in utero* diethylstilbestrol for premature labour. Further complications included hypertension, gestational diabetes, polyhydramnios, Rh incompatibility, foetal growth retardation and other pregnancy-related complications.

Study design

Used the French-EPDS version translated by Guedeney *et al.* The French-EPDS version was compared with the French version of the Mini International Neuropsychiatric Interviews (MINI) for DSM-IV for a range of mood and anxiety disorders, Clinical Global Impression (CGI) and Hospital Anxiety and Depression Scale (HADS).

Study findings

The researchers used factor analysis to determine that the EPDS was a valid measure of depression. The items in the EPDS were found to correlate with both depression and other disorders including anxiety.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FRENCH)

Latent factor	Factor Label	EPDS Questions
Factor 1	Other disorders including anxiety	3,4,5,6,7,9,10
Factor 2	Depression	1,2,7,8,9
Factor 1 & 2	Depression and other disorders including anxiety	7 & 9 (“I have been so unhappy that I have had difficulty sleeping” & “I have been so unhappy that I have been crying”)

	Cut-off 9/10	Cut-off 10/11	Cut-off 11/12	Cut off 12/13
Sensitivity	87%	80%	80%	73%
Specificity	71%	73%	80%	82%
Positive Predictive Value	35%	35%	42%	42%
Negative Predictive Value	97%	95%	95%	94%

The EPDS was well correlated with the HADS (0.74) and CGI (0.91). It was also shown to have high internal validity (0.76) and test re-test reliability (0.83). When the factors were considered as two subsets, the Cronbach-alpha for Factor 1 was 0.77 and Factor 2 was 0.85. These two factors accounted for 62% of the total variance in this measure. A T-test for each subset showed statistically significant differences between depressed and non-depressed women only for Factor 2 (depression).

It was concluded that the French-EPDS is a user-friendly self-rating scale that can be completed quickly. The researchers also found that participants were happy to complete all the questions. The EPDS was found to have better face validity than the HADS.

This validation of the EPDS for use during pregnancy in a high risk sample of women needs cross-validation with other samples of women across the community.



THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – GERMAN)

Full name: _____ **Date :** _____

Wie fühlen Sie sich?

Da Sie kürzlich ein Baby bekommen haben, möchten wir gerne von Ihnen wissen, wie Sie sich jetzt fühlen. Bitte, unterstreichen Sie diejenige Antwort, die am besten beschreibt, wie Sie sich während der letzten sieben Tage, also nicht nur heute, gefühlt haben: Hier ist ein bereits ausgefülltes Beispiel:

Ich war glücklich:

Ja, meistens

Ja, manchmal

Nein, nicht sehr oft

Nein, gar nicht

Das würde bedeuten: „Während dieser Woche habe ich mich manchmal glücklich gefühlt.“

Bitte beantworten Sie in gleicher Weise auch die übrigen Fragen.

Während der letzten 7 Tage

1. Ich konnte lachen und die komische Seite von Dingen sehen:

So viel wie bisher

Nicht ganz wie früher

Bestimmt nicht so sehr wie bisher

Überhaupt nicht

2. Ich habe mich auf Dinge im voraus gefreut:

So viel wie bisher

Wohl weniger als gewöhnlich

Bestimmt weniger als gewöhnlich

Fast nie

3. Ich habe mich schuldig gefühlt, wenn etwas schief ging:

Ja, meistens

Ja, manchmal

Nicht sehr oft

Nein, nie

4. Ich war ängstlich oder besorgt ohne einen guten Grund:

Nein, gar nicht

Kaum jemals

Ja, manchmal

Ja, sehr oft

5. Ich habe mich gefürchtet oder war von Panik ergriffen ohne einen guten Grund:

Ja, sehr häufig

Ja, manchmal

Nein, nicht besonders

Nein, gar nicht

6. Dinge wurden mir einfach zuviel:

Ja, meistens konnte ich die Situation gar nicht meistern

Ja, manchmal konnte ich die Situation nicht so gut wie sonst meistern

Nein, meistens konnte ich die Situation ganz gut meistern

Nein, ich bewältigte Dinge so gut wie immer

7. Ich war so unglücklich, daß ich nur schlecht schlafen konnte:

Ja, meistens

Ja, ziemlich häufig

Nicht sehr oft

Nein, nie

8. Ich habe mich traurig oder elend gefühlt:

Ja, meistens

Ja, ziemlich häufig

Nein, nicht sehr häufig

Nein, gar nicht

9. Ich war so unglücklich, daß ich weinen musste:

Ja, meistens

Ja, ziemlich häufig

Nur gelegentlich

Nein, nie

10. Der Gedanke, mir etwas anzutun, ist mir eingefallen:

Ja, ziemlich häufig

Manchmal

Kaum jemals

Niemals

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – GERMAN)

The German version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 10/11

A score of 11 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. These were the only research studies in English that provided validation information. One study is abstract only and the other has a very small sample size. The recommended cut-off point must be **used with caution**.

Based on the information from one published validation study comparing the German translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety. Also included are the results of validation study based on information collected from the abstract only.

GERMAN

Countries where German is spoken:

- Argentina
- Austria
- Belgium
- Brazil
- Czech Republic
- Germany
- Hungary
- Lichtenstein
- Luxembourg
- Namibia
- Poland
- Romania
- Slovakia
- Switzerland

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – GERMAN)

German language version and validation of the Edinburgh Postnatal Depression Scale

ABSTRACT ONLY

Bergant, A.M., Nguyen, T., Heim, K., Ulmer, H. & Dapunt, O. (1998). German language version and validation of the Edinburgh postnatal depression scale. *Deutsche Medizinische Wochenschrift*, 123(3), 35-40 (in German with English abstract).²³

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Austrian women at **4 days postpartum**.

Study participants

One hundred and ten randomly selected women were recruited after childbirth in a postnatal ward in Austria. The mean age for these women was 28.6 years. The majority of women (72%) were married and 55% had had previous pregnancies.

Study design

The authors used the German version of the EPDS. The German-EPDS was compared with a semi-structured interview for clinical diagnosis of major depression using the International Classification of Diseases (ICD-10).

Study findings

	Cut-off 9/10
Sensitivity	96%
Specificity	100%
Positive Predictive Value	100%

The EPDS was highly correlated with a split-half reliability of 0.82 and an alpha coefficient of 0.81.

The German version was found to be user friendly, valid and reliable as a measure for clinical use.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – GERMAN)

Are commonly used self-report inventories suitable for screening postpartum depression and anxiety disorders?

Muzik, M., Klier, C. M., Rosenblum, K. L., Holzinger, A., Umek, W. & Katschnig, H. (2000). Are commonly used self-report inventories suitable for screening postpartum depression and anxiety disorders? *Acta Psychiatrica Scandinavica*, 102(1), 71-73. ²⁴

SUMMARY OF VALIDATION STUDY

A cut-off point of 10/11 was considered to be optimal for screening a population of Austrian women at 3 and 6 months postpartum.

Study participants

Fifty women were recruited from a larger epidemiological study of postnatal depression in Austria. The majority (77%) of the women were married and 77% had completed secondary education. The mean age for these women was 28 years and 54% had had previous pregnancies.

Study design

The authors used the German version of the EPDS. The German-EPDS was compared with the Structured Clinical Interview for DSM-III-R for major depression and anxiety, the Zung self-rating depression scale and the Symptom Checklist-90 Revised (SCL-90-R) for depression and anxiety.

Study findings

	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	78%	87%	66%
Specificity	75%	87%	92%
Positive Predictive Value	44%	58%	66%
Negative Predictive Value	94%	97%	92%

The German-EPDS appeared to screen reliably for postnatal depression and was able to distinguish major depression.

The prevalence of postnatal depression was 18% for the study population using the German-EPDS. Rates of anxiety disorder were high. There was minimal diagnostic overlap between major depression and anxiety disorders.

A cut off of 10/11 appeared to yield maximum sensitivity and specificity for major depression.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – IGBO)

Full name: _____ Date : _____

Anyi mara na imuru nwa n'isi nso a, o ga – amasi anyi imara otu onodu gi si di. Aziza gig a egosi, obughi nani otu I di taa, ka ma otu onodu si wee diri gi ka mgbe abali asaa gara aga.

Dika ihe atu: Enwere m obi anuri:

- (a) Oge nile.
- (b) Ee, ihe di ka otutu oge
- (c) Ee e obughi oge nile
- (d) Ee e enweghi m ma - oli

Nke a putara: N'ime abali asaa gara aga, enwere m obi anuri ihe dika otutu oge.

UGBUA, ZAA AJUJU NDIA

1. Enwere m ike ichi ochi, na kwa ihu ihe uto nke ihe:

- (a) Dika m n'emeburi
- (b) Obughi n'uzo di ukuu ugbua
- (c) Odoro anya n'odighi ukuu ugbua
- (d) Odighi ma – oli

2. Ana m ene anya n'ihu inweta ihe uto na - ndu:

- (a) Dika m si enwebu ri
- (b) Opekariri out m si enwebu
- (c) Odoro anya na opekariri nnoo out o na - adiburi
- (d) O n'esi nnoo ike inwe

3. Ana m ata onwe m uta n'uzo n'enweghi isi mgbe ihe anaghi agazi ofuma:

- (a) Ee ihe dika oge nile
- (b) Ee, mgbe ufodu
- (c) Obughi oge nile
- (d) Ee e, odighi mgbe obula nke a n'eme

4. Ana m enwe mgbakasi ah una nchekasi n'uzo n'enweghi isi; (n'enweghi ezi ihe mere ka o di out ahu):

- (a) E e odighi ma - oli
- (b) Nke a n'esi ike ime
- (c) Ee, mgbe ufodu
- (d) Ee, ihe dika oge nile

5. Ujo na mmawapu obi n'enweghi isi turu m mgbe o n'enweghi ezi ihe kpatara ya:

- (a) Ee, o n'eme otutu
- (b) Ee, mgbe ufodu
- (c) Ee e onaghi emesi ike otu ahu
- (d) Ee e onaghi eme ma - oli

6. O di ka-agasi n'ihe nile na-adakwasi m nnoo:

- (a) Ee, ihe kariri otutu ugbo anaghi m enwe ike ma oli inagide ihe omume
- (b) Ee, mgbe ufodu enweghi m ike inagide ihe omume otu m si emebu
- (c) Ee e, otutu mgbe ana m enwe ike inagide ihe omume nke - oma
- (d) Ee e, ana m anagide nnoo ihe omume dika m si eme buri

7. Obi adighi m uto, nke mere n'irahu ura n'esiri m ike:

- (a) Ee ihe dika oge nile
- (b) Ee, mgbe ufodu
- (c) Obughi oge nile
- (d) Ee, e odighi ma - oli

8. Enwere m iwe, obi adighikwa, m uto:

- (a) Ee ihe dika oge nile
- (b) Ee, otutu oge
- (c) Obughi oge nile
- (d) Ee e, odighi ma - oli

9. Ana m ebe nnoo akwa n'ihina obi adighi m mma:

- (a) Ee ihe dika oge nile
- (b) Ee, otutu oge
- (c) O bun ani odikata
- (d) Ee e, odighi ma - oli

10. O n'abia m n'obi ka mmeru o onwe m ahu:

- (a) Ee, ihe dika oge nile
- (b) Mgbe ufodu
- (c) O n'esi ike
- (d) O dighi ma - oli

NDEWO

© Uwakwe, R. (2003). Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh postnatal depression scale. *Acta Psychiatrica Scandinavica*, 107, 251-259.

© The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – IGBO)

The Igbo version of the EPDS is a reliable and valid screening tool for postnatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. This translated version is not designed to be used as a self-report written measure. A trained interviewer, who is proficient in speaking Igbo, is required to assist the mother answer the questions verbally.
2. Nigerian women who can read English should complete the English-EPDS in the usual manner.
3. This translation focuses on Igbo as used in 5 main central states in Nigeria (Abia, Anambra, Ebonyi, Imo and Enugu). The version may be applicable to other states where some aspects of Igbo is spoken, such as, Delta, Edo, Benue and River state.

Based on the information from one published validation study comparing the Igbo translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

IGBO

Countries where Igbo is spoken:

- Nigeria (official language of Eastern Nigeria)

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – IGBO)

Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh postnatal depression scale

Uwakwe, R. (2003). Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh postnatal depression scale. *Acta psychiatrica Scandinavica*, 107, 251-259.²⁵

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Igbo speaking women at **six to eight weeks postpartum**.

Study participants

Two hundred and twenty-five women recruited from the postnatal clinics of Nnamdi Azikiwe University Teaching Hospital, Nnewi between April and August 2000. All women were residents of Anambra State in Eastern Nigeria. The average age of the women was 28.9 years and almost all were married (98.6%). It was the second pregnancy for most of these women (72%) and most of the women had a normal delivery with no complications (87%).

The women were not representative of Eastern Nigerian women. The majority of the study participants was literate (79.7%) and many were employed in white collar jobs, such as, teachers/ lecturers (14.3%), large companies (7.1%) and other professions (e.g. bankers) (9.3%). Other women were traders (27.1%) and students, manual workers or other low income workers (35.6%).

The researchers noted that the women who attend obstetric wards and postnatal clinics at this hospital prefer modern services and were middle to high class. Other women used the hospital services because they were low class and could not afford private services or they were referred to the hospital because of pregnancy complications.

Study design

Developed a translated EPDS by three bilingual nurses and back-translated by two bilingual medical students and one layman. Both groups met and discussed differences. A pilot study conducted in the hospital found that the measure was acceptable and did not require changes.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – IGBO)

The Igbo-EPDS version was compared with the Symptom-Check List (SCL) developed from the Composite International Diagnostic Interview Schedule (CIDIS) to make ICD-10 diagnosis of depression. The Nigerian version of Zung Self Rating Depression Scale (ZDS) was also used. The EPDS was used both in English and Igbo depending on the mother's literacy and language skills. Bilingual literate mothers completed the self-report English version of the EPDS. Non-literate mothers (n = 45) had the questions read out to them in Igbo and their responses were recorded.

Study findings

	Cut-off 9/10	Cut-off 11/12	Cut off 12/13
Sensitivity	75%	63%	50%
Specificity	97%	98%	98%
Positive Predictive Value	75%	83%	80%
Negative Predictive Value	97%	95%	94%

The overall mean EPDS score was 5.0 with a range from 0 to 23. The prevalence of ICD-10 diagnosed depression was 10.7% and these depressed women had a mean EPDS score of 12.1 with a range from 6 to 22. Non-depressed women had significantly lower EPDS scores ($p < 0.001$) with a mean of 4.3 and a range from 0 to 13.

The EPDS was highly correlated with the ZDS (0.87) and there was good concordance between these two measures in identifying women with depression ($k = 0.72$). The reliability of the EPDS was 0.83 using Cronbach's alpha.

The odds ratio for the optimum EPDS cut-off score of 9/10 was 8.38 compared with a much lower odds ratio of 0.93 at the EPDS cut-off of 6/7 and 1.68 at the EPDS cut-off of 7/8.

The researchers cite other studies in Nigeria that show reading mental health questionnaires with clients does not compromise reliability and validity.

The results clearly showed that the EPDS can be used to distinguish between depressed and non-depressed postnatal Nigerian women. It is a valid screening test for detecting possible postnatal depression.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ITALIAN)

Full name: _____ Date : _____

Lei di recente ha avuto un bambino. Ci piacerebbe sapere come si è sentita nell'ultima settimana. La preghiamo di sottolineare la risposta che meglio descrive come si è sentita nei sette giorni appena trascorsi e non soltanto come si sente oggi.

Per aiutarla, ecco un esempio già completato:

Sono stata felice

Sì, sempre

Sì, per la maggior parte del tempo

No, non molto spesso

No, per niente

Il che in pratica significa 'Sono stata per lo più felice durante la scorsa settimana'. Per favore completi le altre domande nello stesso modo.

Nei sette giorni appena trascorsi:

(1) Sono stata capace di ridere e di vedere il lato comico delle cose

Come al solito

Un po' meno del solito

Decisamente meno del solito

Per niente

(2) Ho pregustato con piacere le cose

Come al solito

Un po' meno del solito

Decisamente meno del solito

A mala pena

(3) Ho dato inutilmente la colpa a me stessa quando le cose sono andate male

Sì, il più delle volte

Sì, qualche volta

Non molto spesso

No, mai

(4) Sono stata ansiosa o preoccupata senza una valida ragione

No, per niente

Quasi mai

Sì, talvolta

Sì, spesso

(5) Ho provato paura o sono stata in preda al panico senza una valida ragione

Sì, quasi sempre

Sì, talvolta

No, non molto spesso

Mai

(6) Le cose mi hanno causato eccessiva preoccupazione

Sì, il più delle volte non sono stata capace di affrontarle

Sì, qualche volta non sono stata capace di affrontarle come sempre

No, il più delle volte le ho affrontate abbastanza bene

No, le ho affrontate bene come sempre

(7) Sono stata così infelice che ho avuto difficoltà a dormire

Sì, il più delle volte

Sì, qualche volta

Non molto spesso

No, per nulla

(8) Mi sono sentita triste o avvilita

Sì, per la maggior parte del tempo

Sì, abbastanza spesso

Solo occasionalmente

No, mai

(9) Sono stata così infelice che ho pianto

Sì, per la maggior parte del tempo

Sì, abbastanza spesso

Solo occasionalmente

No, mai

(10) Mi è venuta in mente l'idea di farmi del male

Sì, abbastanza spesso

Qualche volta

Quasi mai

Mai

Grazie per la sua collaborazione

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ITALIAN)

The Italian version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. Both of the studies had excellent validity and reliability results. A cut-off of 9/10 was chosen because the Italian-EPDS version translated by Carpiniello et al, 1997 was selected for use by bilingual health professionals in Western Australia.

Based on the information from two published validation studies comparing the Italian translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression /anxiety.

ITALIAN

Countries where Italian is spoken:

- Argentina
- Egypt
- Italy
- Monaco
- San Marino
- Somalia
- Switzerland

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ITALIAN)

Validation of the Edinburgh Postnatal Depression Scale in Italy

Carpiniello, B., Pariante, C. M., Serri, F., Costa, G. & Carta, M.G. (1997). Validation of the Edinburgh Postnatal Depression Scale in Italy. *Journal of Psychosomatic Obstetrics and Gynaecology*, 18, 280-285. ²⁶

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Italian women at **four to six weeks postpartum**.

Study participants

Sixty-one women recruited from the Obstetrics Clinic of the University of Cagliari Hospital, in Sardinia, Italy between April and June 1992. The mean age of the women was 31.6 years. This was the first pregnancy for over half of the women (52%). Most of the women (77%) had a normal delivery. Thirteen per cent (13%) had a family history of depression and one woman had had a previous major depressive episode.

Study design

Developed a translated EPDS by the authors and back-translated by a native English-speaker and compared with the English version. No relevant differences were identified between the two versions. The Italian-EPDS version was compared with the Italian version of the Present State Examination (PSE) for depression.

Study findings

	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	100%	100%	88%	78%
Specificity	69%	83%	92%	98%
Positive Predictive Value	36%	50%	66%	88%
Negative Predictive Value	100%	100%	98%	96%

The EPDS was found to be a useful screening instrument that can be used reliably by trained professionals. The interater reliability was very high (0.89).

The 9/10 cut-off point was recommended as it provides high sensitivity (100%) associated with a good positive predictive value (50%) which provides a good screening measure for community use. The Italian version is valid for identifying postnatal depression and will improve detection, assessment and treatment of women with high scores.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – ITALIAN)

The Edinburgh Postnatal Depression Scale: validation for an Italian sample

Benvenuti, P., Ferrara, M., Niccolai, C., Valoriani, V. & Cox, J.L. (1999). The Edinburgh Postnatal Depression Scale: validation for an Italian sample. *Journal of Affective Disorders*, 53, 137-141. ²⁷

SUMMARY OF VALIDATION STUDY

A cut-off point of 8/9 was considered to be optimal for screening a population of Italian women at **eight to twelve weeks postpartum**.

Study participants

One hundred and thirteen women were recruited from the Obstetric Clinic of the Florence University Hospital, Italy. The mean age of the women was 31.9 years. Eighty-six per cent (85.8%) of the women were married and an additional 11.5% were living in a defacto relationship. This was the first pregnancy for over half of the women (57%). Most of the women (79%) had a normal delivery.

Study design

Developed a translated and back-translated EPDS according to the five major criterion for cross-cultural equivalence in psychiatric research (content, semantic, criterion, technical and conceptual). The Italian-EPDS version was compared with the Italian version of the Mini International Neuropsychiatric Interview (MINI) to establish DSM-III-R criteria for mood and anxiety disorders.

Study findings

	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	94%	83%	61%	56%
Specificity	87%	89%	95%	98%
Positive Predictive Value	59%	60%	69%	83%

The EPDS had excellent internal validity using Cronbach's alpha (0.79) and Guttman split half (0.82). A Receiver Operating Characteristic (ROC) analysis confirmed the effectiveness of the EPDS in detection of postnatal depression. The 8/9 cut-off point was recommended as it provides high sensitivity (94.4%) associated with a good positive predictive value (58.6%) which provides a good screening measure for community use.

The Italian-EPDS is valid for identifying postnatal depression to improve detection, assessment and treatment of women with high scores.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

Full name: _____ Date : _____

エジンバラ産後うつ病調査票

ご出産おめでとうございます。ご出産から今までの間にどのようにお感じになったかをお知らせください。今日だけでなく、過去7日間にあなたが感じられたことに最も近い答えにアンダーラインを引いて下さい。必ず10項目に答えてください。

例) 幸せだと感じた。 はい、常にそうだった
はい、たいていそうだった
いいえ、あまり度々ではなかった
いいえ、全くそうではなかった

“はい、たいていそうだった”と答えた場合は、過去7日間のことをいいます。この様な方法で質問にお答えください。

【質問】

1. 笑うことができたし、物事のおかしい面もわかった。

いつもと同様にできた
あまりできなかった
明らかにできなかった
全くできなかった

2. 物事を楽しみにして待った。

いつもと同様にできた
あまりできなかった
明らかにできなかった
ほとんどできなかった

3. 物事が悪くいった時、自分を不必要に責めた

はい、たいていそうだった
はい、時々そうだった
いいえ、あまり度々ではなかった
いいえ、そうではなかった

4. はっきりした理由もないのに不安になったり、心配した。

いいえ、そうではなかった
ほとんどそうではなかった
はい、時々あった
はい、しょっちゅうあった

5. はっきりした理由もないのに恐怖に襲われた。

はい、しょっちゅうあった
はい、時々あった
いいえ、めったになかった
いいえ、全くなかった

6. することがたくさんあって大変だった。

はい、たいてい対処できなかった
はい、いつものようにはうまく対処しなかった
いいえ、たいていうまく対処した
いいえ、普段通りに対処した

7. 不幸せなので、眠りにくかった。

はい、ほとんどいつもそうだった
はい、ときどきそうだった
いいえ、あまり度々ではなかった
いいえ、全くなかった

8. 悲しくなったり、惨めになった。

はい、たいていそうだった
はい、かなりしばしばそうだった
いいえ、あまり度々ではなかった
いいえ、全くそうではなかった

9. 不幸せなので、泣けてきた。

はい、たいていそうだった
はい、かなりしばしばそうだった
ほんの時々あった
いいえ、全くそうではなかった

10. 自分自身を傷つけるという考えが浮かんできた。

はい、かなりしばしばそうだった
時々そうだった
めったになかった
全くなかった

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

The validity and reliability of the Japanese version of the EPDS has been researched but the results vary among these studies.

The recommended cut-off point is 8/9; however this should be used with caution.

A score of 9 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. Not all of the items are readily applicable to Japanese women because some Japanese women may express their depression behaviourally rather than emotionally.
2. A lower cut-off score is necessary to identify postnatal depression in Japanese women living outside Japan. (eg. UK or Australia). A valid and reliable cut-off point has not been established.
3. It was possible to identify, at five days postpartum, two-thirds of the Japanese women living in Japan who were later found to have depression at one and/or three months postpartum.
4. Please note: Associate Professor Tadaharu Okano has offered to provide web based consultation from Japan for Japanese women with depressive symptoms.
PSI-JAPAN http://www.hac.mie-u.ac.jp/PSI_Japan/top.asp

Based on the information from four published validation studies comparing the Japanese translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety. Also included are the results of validation study based on information collected from the abstract only and results from a study written in Japanese.

JAPANESE

Countries where Japanese is spoken:

- Japan

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

Validation and reliability of the Japanese version of the EPDS

Okano, T., Masuji, F., Murata, M., Tamaki, R., Nomura, J., Miyaoka, H., & Kitamura, T. (1996). Validation and reliability of a Japanese version of EPDS. *Archives of Psychiatric Diagnosis and Clinical Evaluation*, 7(4), 525-533. (in Japanese with English abstract) ²⁸

SUMMARY OF THE VALIDATION STUDY

A **cut-off point of 8/9** was considered to be optimal for screening a population of Japanese women.

Study participants

One hundred and fifteen women attending Mie University Hospital in Japan were recruited into the study. The mean age of the women was 29.5 years (S.D. 4.9 years).

Study design

Developed the Japanese-EPDS version and compared this with the Schedule for Affective Disorders (SADS).

Study findings

	Cut off 7/8	Cut off 8/9	Cut off 9/10	Cut off 10/11
Sensitivity	75%	75%	50%	50%
Specificity	91%	93%	100%	100%
Positive Predictive Value	43%	50%	100%	100%
Negative Predictive Value	98%	98%	96%	96%

The EPDS was shown to have good internal consistency (Cronbach's alpha, 0.78). Item 3 to 8 and 10 had correlations between 0.75 to 0.95, however items 1, 2 and 9 had lower correlations (0.6, 0.54 and 0.68 respectively). Both Pearson and Spearman statistics were excellent (0.92 and 0.90 respectively).

The study confirms that the Japanese version of the EPDS has good psychometric properties and is a valid and reliable screening tool.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

Effectiveness of antenatal education about postnatal depression: a comparison of two groups of Japanese mothers

Okano, T., Nagata, S., Hasegawa, M., Nomura, J. & Kumar, R. (1998). Effectiveness of antenatal education about postnatal depression: a comparison of two groups of Japanese mothers. *Journal of Mental Health (UK)*, 7, 191-198.²⁹

SUMMARY OF THE STUDY

This quasi-experimental study tested the effectiveness of the EPDS used at a cut-off of 8/9 at six and twelve weeks postpartum to identify postnatal depression in two population groups, women attending antenatal classes and women who did not attend these classes.

Study participants

Forty women with non-psychotic postnatal depression who consulted a psychiatrist at Mie University Hospital, Japan were divided into two groups. Group 1 included 18 women who attended antenatal classes at the hospital and Group 2 included 22 women who did not attend these classes. The mean age of the women was 25.4 years. Most of the women in both groups had a normal delivery (83% and 77% respectively) and for most of the women, it was their first baby (61% and 59%).

Study design

Used the Japanese-EPDS to test the hypothesis that antenatal education about postnatal depression improves maternal psychological health and reduces the likelihood of postnatal depression after delivery. The structured clinical interview was compared with Research Diagnostic Criteria (RDC) for DSM-III-R criteria for major and minor depression.

Study findings

There was a statistically significant difference in the mean EPDS score between attendees and non-attendees of the antenatal clinic. The EPDS was considered useful in the study to identify women with postnatal depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

Postnatal depression in Japanese women who have given birth in England

Postnatal depression in Japanese mothers and the reconsideration of 'Satogaeri bunben'

Postnatal depression in Japanese women. Detecting the early onset of postnatal depression by closely monitoring the postpartum mood

Screening and intervention for depressive mothers of new-born infants

- A. Yoshida, K., Marks, M.N., Kibe, N., Kumar, R., Nakano, H. & Tashiro, N. (1997). Postnatal depression in Japanese women who have given birth in England. *Journal of Affective Disorders*, 43, 69-77. ³⁰
- B. Yoshida, K., Yamashita, H., Ueda, M. & Tashiro, N. (2001). Postnatal depression in Japanese mothers and the reconsideration of 'Satogaeri bunben'. *Pediatrics International*, 43, 189-193. ³¹
- C. Yamashita, H., Yoshida, K., Nakano, H., & Tashira, N. (2000). Postnatal depression in Japanese women. Detecting the early onset of postnatal depression by closely monitoring the postpartum mood. *Journal of Affective Disorders*, 58, 145-154. ³²

ABSTRACT ONLY

- D. Yamashita, H. & Yoshida, K. (2003). Screening and intervention for depressive mothers of new-born infants. *Seishin Shinkeigaku Zasshi*, 105(9), 1129-1135 (in Japanese with English abstract). ³³

These studies use the same populations (Japanese women living in the United Kingdom and Japan) and validated the EPDS at varying times (at five days, one month and/or three months) postpartum.

This study uses a small and biased sample of Japanese women living in London and Japanese women living in Japan. Its findings are not generalisable to a wide population of Japanese women, however, some of the findings are of interest and could assist in the recognition of postnatal depression in Japanese women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

A. SUMMARY OF VALIDATION STUDY (Yoshida et al, 1997)

The EPDS was used on Japanese women in the United Kingdom at **one and three months postpartum**. Based on the study, a **cut-off of 4/5** provided the best specificity and sensitivity results.

Study participants

Ninety-eight women were recruited through advertising and antenatal classes in the Greater London area, **ENGLAND**. For the majority of the women (above 70%), it was their first pregnancy and over 75% of the women lived in close proximity to their mother.

Study design

Used the Japanese-EPDS version translated by Okano *et al.* (1996). The Japanese-EPDS version was compared with Research Diagnostic Criteria (RDC) generated by the Schedule for Affective Disorders and Schizophrenia (SADS) for DSM major and minor depression and the Life Event Scale (LES).

Study findings

	Cut-off 4/5	Cut-off 6/7	Cut-off 8/9	Cut off 10/11
Sensitivity	100%	50%	25%	13%
Specificity	52%	80%	96%	96%

There was no statistically significant difference in depression for age, parity, education level, duration of stay in the UK and proximity to the woman's mother between depressed and non-depressed mothers.

The prevalence of postnatal depression in the sample at a cut-off point of 8/9 was 12%. Half of those women who were diagnosed with depression had major depression and the rest had with minor depression. Using the recommended cut-off of 8/9, only 25% of the depressed women were detected (sensitivity), however, the specificity was 96%.

The prevalence of postnatal depression (cut-off 8/9) peaked at one month postpartum with 67% being detected at this time.

Only 4 out of the 10 items on the EPDS accurately discriminated between depressed and non-depressed women. These were items 4, 5, 7 and 10 – these questions refer to anxious, scared, difficulty sleeping and self-harm thoughts.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

The paper discussed that Japanese women tend to express emotional complaints by referring to physical problems or worries about their child rather than by expressing their feelings when they are depressed. It is important that health professionals who work with Japanese women are aware and alert to the expression of postnatal depression through the mother's own physical symptoms or concerns about her baby. This has some similarities with the psychomotor retardation symptomatology reported in the French false negatives study of Guedeney *et al*, (2000)³⁴.

B. SUMMARY OF VALIDATION STUDY (Yoshida, 2001)

A cut-off point of 8/9 was considered to be the best for screening a population of Japanese women in JAPAN after one month postpartum.

A cut-off point of 4/5 was considered to be the best for screening a population of Japanese women in ENGLAND after one month postpartum.

Study participants

Eighty-eight women were recruited from the Kyushu University Hospital, Japan and 98 women were recruited from the United Kingdom. The mean age of the women in Japan was 32 years and 30 years in England. The majority of the women in England were primiparous (71%) with a lower proportion (41%) in Japan. Seven percent of the women in England had a previous history of mental illness compared to only 3% of the women in Japan.

Study design

Used the Japanese-EPDS (Okano *et al.*, 1996). This Japanese-EPDS version was used at one month postpartum. The Japanese-EPDS version was compared with Research Diagnostic Criteria (RDC) generated by the Schedule for Affective Disorders and Schizophrenia (SADS) for depression at three weeks postpartum.

Study findings

At one month postpartum	England	England	England	Japan
	Cut-off 4/5	Cut-off 6/7	Cut-off 8/9	Cut-off 8/9
Sensitivity	100%	50%	25%	82%
Specificity	52%	80%	96%	95%

The EPDS was found to be a useful screening instrument for the women in the Japanese group. The cut-off at 8/9 was recommended. There results were similar to those in the Okano et al (1996) validation study in Japan.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

For Japanese women living in England, the EPDS did not reliably identify women with postnatal depression. A lower cut-off score was required, however, the sensitivity and specificity were still very low. It is difficult to identify a suitable cut-off point.

The prevalence of postnatal depression was found to be 12% in England and 17% in Japan.

There was no difference in the prevalence of postnatal depression of the women who, after delivery, had Satogaeri bunben (the traditional support system associated with childbirth) compared with women who did not have access to traditional support. This result suggests that there is no significant difference in the prevalence of postnatal depression between women who practice traditional postnatal support practices and those that do not.

C. SUMMARY OF VALIDATION STUDY (Yamashita, 2000)

A cut-off point of 8/9 was considered to be optimal for screening a population of Japanese women in **JAPAN after one month postpartum**.

Study participants

Eighty-eight women were recruited from the Kyushu University Hospital, Japan. The women had a mean age of 31 years. The majority of the women had a previous pregnancy (59%) and (67%) had Satogaeri bunben (the traditional support system) after delivery.

Study design

Used the Japanese-EPDS translated by Okano *et al.* (1996). This Japanese-EPDS version was used at **five days** postpartum in hospital, **one month** postpartum at the routine check-up and at **three months** postpartum by mail. The Japanese-EPDS version was compared with Maternity Blues Scales completed for the first five days postpartum and the Schedule for Affective Disorders and Schizophrenia (SADS) at three weeks and three months postpartum.

Study findings

At one month postpartum	Cut-off 8/9	Cut-off 9/10	Cut-off 11/12
Sensitivity	82%	73%	55%
Specificity	95%	98%	98%

The prevalence of postnatal depression was found to be 14% at three weeks postpartum and 10.2% at three months postpartum. Overall, at anytime of the three month period, 17% of the women were diagnosed with depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

The mean EPDS score for depressed mothers was significantly higher than the EPDS score of the non-depressed mothers. The depressed mothers had a mean EPDS score of 11.7 at **5 days** postpartum, 11.3 at **one month** postpartum and 11 at **three months** postpartum, whereas, non-depressed mothers had lower mean EPDS scores (4.6, 4.0 and 3.3 respectively).

Eight of the 10 EPDS items accurately discriminated between depressed and non-depressed mothers. The two questions that were not accurate were 3 and 6, referring to self blame and not coping.

D. SUMMARY OF VALIDATION STUDY (Yamashita, 2003 - Abstract)

STUDY I – Hospital based prospective study

A cut-off point of 8/9 was considered to be optimal for screening a population of Japanese women at **five days, one month and three months postpartum**.

Study participants

Eighty-eight women were recruited from a maternity ward in a Kyushu University Hospital.

Study design

Used the Japanese-EPDS version translated by Okano *et al.* (1996). This Japanese-EPDS version was administered at **five days, one month and three months** postpartum. The Maternity Blues Scales was administered at five days postpartum. The Japanese-EPDS version was compared with Maternity Blues at five days postpartum and the Schedule for Affective Disorders and Schizophrenia (SADS) was used at three weeks and three months postpartum via telephone interviews.

Study findings

At five days postpartum	Cut-off 8/9
Sensitivity	82%
Specificity	95%

Maternity blues was identified in 24% of the women and 14% were diagnosed as having depression. Ten of the 15 mothers who were found to have depression at three months postpartum had been identified with mood disorder within the first week postpartum using the EPDS and the Maternity Blues Scale. The scores on the Maternity Blues and EPDS were always significantly higher in depressed mothers compared with non-depressed mothers.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

STUDY II – Multicentre prospective study of early postpartum mood states.

A cut-off point of 8/9 was considered to be optimal for screening a population of Japanese women at **five days** and **one month postpartum**.

Study participants

Two hundred and twenty-six women were recruited from 14 obstetric wards, 20 from each ward, in teaching hospitals. Of the women in the study, 90% completed all the measures at all times.

Study design

Used the Japanese-EPDS version translated by Okano *et al.* (1996). This Japanese-EPDS and Maternity Blues Scales were administered at **five days** and **one month postpartum**.

Study findings

At **five days** postpartum, 35% of the women were depressed. By **one month** postpartum, the prevalence of postnatal depression was 20%. There was a significant correlation between the EPDS score at five days and one month postpartum.

Having maternity blues identified depression and an EPDS score above the cut-off point at **five days** postpartum was significantly related to high EPDS scores, above the cut-off point, at **one month** postpartum.

Symptoms of depression at **five days** postpartum were significantly related to a history of pregnancy loss, caesarean section delivery, maternal and neonatal complications and maternity blues. Depression at **one month** was related only to maternal complications.

The study found that it was possible to detect the onset of postnatal depression within the first week after delivery. The EPDS was found to be a simple and useful method of identifying women with postnatal depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

Screening for postnatal depression: validation of the EPDS and intervention period in Japanese health care system

Okano, T., Sugiyama, T., & Nishiguchi, H. (2005). Screening for postnatal depression: validation of the EPDS and intervention period in Japanese health care system. Posted at *The Australasian Marce Society 2005 Conference*; Melbourne, Victoria.³⁵

SUMMARY OF THE VALIDATION STUDY

A cut-off point of 13/14 was recommended however the sample size was small and the EPDS scores were not normally distributed. A population of Japanese women were screened at **one and three months postpartum**

Study participants

One hundred and eight women in Japan were recruited from 8 maternity units during the antenatal period. These women were receiving routine health care and were not requiring university clinic level specialist care. The mean age of the women was 30.4 years (S.D. 3.97 years). Most of the women had a normal delivery (89.4%) and for most of the women, it was their first baby (59.6%). Only 47 women attended the clinic assessment one month postpartum. Only 35 women were assessed at home three months postpartum.

Study design

Used the Japanese-EPDS translated by Okano *et al.* (1996). The Japanese-EPDS version was given at one month at the health clinic and three months at home by a health visitor. Following the health contacts when the EPDS tests were completed, a psychiatrist administered the Diagnostic Interview Schedule (SCID-I/NP) for DSM-IV diagnosis at about one to three months (5-14 weeks; n=47) postpartum and about six months (13-24 weeks; n=35) postpartum. The EPDS results were compared with the findings from the psychiatric assessments.

Study findings

The overall prevalence of postnatal depression was 9.6% six months after birth. At the first psychiatric interview (5-14 weeks postpartum), 4.3% of the women were found to have major/minor depression (2.15% major depression). At the second psychiatric interview (13-24 weeks postpartum), 5.3% of the women had major depression.

The overall prevalence for all mental health diagnoses was 15.9% six months after birth from these two psychiatric assessments.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – JAPANESE)

The EPDS was shown to have good internal consistency (Cronbach's alpha, 0.84 at one month and three months). Items 3 to 10 had correlations between 0.43 to 0.81, however, items 1 and 2 did not correlate at all.

The mean EPDS score of the women with depression (16.5 at one month and 11.5 at three months) was significantly higher than the mean score of non-depressed women (4.6 at one month and 3.6 at three months).

One month postpartum	Cut off 8/9	Cut off 9/10	Cut off 12/13	Cut off 13/14
Sensitivity	100%	100%	100%	100%
Specificity	88.9%	97.8%	97.8%	100%
Positive Predictive Value	28.6%	66.7%	66.7%	100%
Negative Predictive Value	100%	100%	100%	100%
ROC			1.0	

Three months postpartum	Cut off 8/9	Cut off 9/10	Cut off 12/13	Cut off 13/14
Sensitivity	50%	50%	50%	50%
Specificity	94.3%	94.3%	94.3%	97.1%
Positive Predictive Value	33.3%	33.3%	33.3%	50%
Negative Predictive Value	97.1%	97.1%	97.1%	97.1%
ROC			0.91	

The sample sizes of the diagnostic assessments by the psychiatrists were small and the EPDS scores did not have a normal distribution. The sensitivity of all the cut-off points were low for the three month EPDS. The recommended cut-off of 13/14 may not be representative of the wider population. A lower cut-off may be more appropriate for screening.

The Japanese version of the EPDS was found to be a reliable screening tool.



Department of Health
Government of Western Australia



SKALA DEPRESI POSTNATUM EDINBURGH (TRANSLATION – MALAY)

Nama penuh: _____ Tarikh : _____

Bagaimana perasaan anda?

Oleh sebab anda baru bersalin, kami ingin bertanya bagaimana perasaan anda. Sila gariskan jawapan yang paling tepat untuk perasaan anda pada 7 hari terakhir, bukan sahaja perasaan anda hari ini. Berikut ini ialah contoh yang telah dijawab:

Saya berasa gembira:

Ya, kebanyakan masa

Ya, sebahagian masa

Tidak, tidak begitu gembira

Tidak, sama sekali

Ini akan bermakna: 'Saya berasa gembira sebahagian masa selama minggu terakhir.'

Sila jawab soalan lain dengan cara yang sama.

Pada 7 hari terakhir

1. Saya dapat tertawa dan melihat hal secara lucu:

Sama seperti biasa

Agak tidak begitu sering sekarang

Pasti tidak begitu sering

Tidak sama sekali

2. Saya suka menantikan sesuatu berlaku:

Sama seperti biasa

Agak tidak begitu sering sekarang

Pasti tidak begitu sering

Jarang sekali

3. Saya menyalahkan diri sendiri apabila masalah timbul:

Ya, kebanyakan masa

Ya, sebahagian masa

Tidak begitu sering

Tidak, sama sekali

4. Saya resah dan bimbang tanpa sebab:

Tidak, sama sekali

Jarang sekali

Ya, kadangkala

Ya, sering sekali

(Sila jawab soalan 5-10 pada halaman sebelah)

5. Saya merasa takut atau panik tanpa sebab:
 - Ya, agak sering
 - Ya, kadangkala
 - Tidak begitu sering
 - Tidak, sama sekali

6. Saya merasa terdesak:
 - Ya, kebanyakan masa saya tidak dapat menghadapi keadaan sama sekali
 - Ya, adakalanya saya tidak menghadapi keadaan seperti biasa
 - Tidak, kebanyakan masa saya menghadapi keadaan dengan cukup baik
 - Tidak, saya menghadapi keadaan dengan sebaik mungkin

7. Saya begitu sedih sehingga susah tidur:
 - Ya, kebanyakan masa
 - Ya, agak sering
 - Tidak begitu sering
 - Tidak, sama sekali

8. Saya merasa sedih atau sengsara:
 - Ya, kebanyakan masa
 - Ya, agak sering
 - Tidak begitu sering
 - Tidak, sama sekali

9. Saya begitu sedih sehingga saya menangis:
 - Ya, kebanyakan masa
 - Ya, agak sering
 - Kadang-kadang sahaja
 - Tidak pernah

10. Saya terfikir ingin membahayakan diri sendiri:
 - Ya, agak sering
 - Kadangkala
 - Jarang sekali
 - Tidak pernah

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALAY)

The Malay version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 11/12

A score of 12 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. This study was conducted on a Malay population in Malaysia. It yielded excellent reliability and validity results and highly suitable for use with Malay women in Australia.
2. The Malay-EPDS version currently available is not the version that was used in the study and has not been validated.

Based on information from one published validation study comparing the Malay translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

MALAY

Countries where Malay is spoken:

- Brunei
- Indonesia
- Malaysia
- Singapore
- Thailand

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALAY)

Revalidation of the Malay version of the Edinburgh Postnatal Depression Scale (EPDS) among Malay postpartum women attending the Bakar Bata Health Center in Alor Setar, Kedah of North West of Peninsular Malaysia

Rushidi, W.M.W.M. & Mohamed, M.N. (2003). Revalidation of the Malay version of the Edinburgh Postnatal Depression Scale (EPDS) among Malay postpartum women attending the Bakar Bata Health Center in Alor Setar, Kedah, of North West of Peninsular Malaysia. *Malaysian Journal of Medical Sciences*, 10 (2), 71- 75.³⁶

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of Malay speaking women at **four to twelve weeks postpartum**.

Study participants

Sixty four Malay women were recruited from the Bakar Bata Health Centre in Alor Setar, Kedah, Malaysia. The mean age of the Malay women was 28.7 years (S.D. 5.44 years). All of women were married and 98.4% of women had completed at least 9 years of education. Most women (70.3%) were housewives.

Study design

Used the Malay-EPDS version translated Rushidi et al., (2002)³⁷. This Malay-EPDS version was compared with a translated Beck Depression Inventory II (BDI-II), Hamilton Depression Rating Scale (HDRS-17), and the Composite International Diagnostic Interview (CIDI) for ICD-10 diagnosis.

Study findings

	Cut-off 11/12
Sensitivity	100%
Specificity	98%
Positive Predictive Value	90%
Negative Predictive Value	100%
ROC Curve	99.8%

The mean EPDS score for depressed mothers was 13 with an inter-quartile range between 12.5 and 14. Non-depressed mothers had a significantly lower EPDS score, 4 with an inter-quartile range from 0 to 6 ($p < 0.01$). The prevalence of postnatal depression was 14.1% including seven women with mild depression and two women with moderate depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALAY)

The EPDS was highly correlated with the BDI (0.78) and the HDRS (0.88). It was shown to have good internal consistency (Cronbach alpha, 0.86) and reliability (split-half = 0.83).

The Malay version of EPDS was found to have very good psychometric properties in detecting depression among postpartum women. This study confirms the reliability and validity of the Malay version of the EPDS.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALTESE)

Full name: _____ Date : _____

Kwestjonarju Dwar l-Emozzjonijiet tieghek wara t-tqala

Kif qed thossok?

Wara t-twelid tat-tarbija tieghek, nixtiequ nkunu nafu kif qed thossok. Jekk jogħġbok immarka risposta wahda li thoss li tghodd fil-kas tieghek, ta' kif hassejtek f'dawn l-ahhar sebat ijiem, u mhux kif qed thossok illum. Hawn taht hawn eżempju digà lest.

Jiena hassejtni ferhana:

Iva, il-hin kollu

Iva, hafna drabi

Le, mhux ta' spiss

Le, qatt

Din tkun tfisser li “jien hassejtni ferhana hafna drabi” f' din l-ahhar ġimgħa.

Jekk jogħġbok immarka r-risposti l-ohrajn bl-istess mod.

FL-AHHAR SEBAT IJIEM

1. Kont kapaċi nifraħ u nħares lejn is-sabiħ tal-hajja:

Bhas-soltu

Mhux daqs is-soltu

Żgur li mhux bħas-soltu

Żgur li le

2. Kien ikolli ċertu heġġa għal dak li nkun ser nagħmel:

Bhas-soltu

Aktarx inqas mis-soltu

Żgur li inqas mis-soltu

Ftit li xejn

3. Tajt tort lili nnifsi għal xejn b'xejn meta l-affarijiet marru hazin:

Kwazi dejjem

Iva, kulltant

Mhux ta' spiss

Le, qatt

4. Hassejtni nervuża u nkwietata għal xejn b'xejn:

Le, lanqas xejn

Rari hafna

Iva, kulltant

Iva, ta' spiss

5. Hassejtni beżghana u qabadni paniku anke għal xejn b'xejn
Iva, hafna drabi
Iva, kulltant
Le, mhux ta' spiss
Le, qatt
6. Ma stajt inlahhaq ma xejn
Iva, hafna drabi hassejtni li ma stajtx inlahhaq
Iva, kulltant hassejtni li ma kontx kapaċi nlahhaq bhas-soltu
Le, hafna drabi stajt nlahhaq
Le, lahhaqt bhas-soltu
7. Tant hassejtni mdejqa li kont insibha bi tqila biex norqod
Kważi dejjem
Iva, kulltant
Mhux ta' spiss
Le, qatt
8. Hassejtni mdejqa u mizerabbli
Iva, kważi l-hin kollu
Iva ta' spiss
Le, mhux ta' spiss
Le, qatt
9. Tant hassejtni mdejqa li kulltant kien itini l-biki
Iva, kważi l-hin kollu
Iva, ta' spiss
Xi kulltant
Le, qatt
10. Kienu jiġuni xi hsibijiet li nagħmel hsara lili nnifsi
Iva, ta' spiss
Xi, kulltant
Rari, hafna
Qatt

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALTESE)

The Maltese version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 11/12

A score of 12 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The **recommended cut-off point is 13/14** when the Maltese version of the EPDS is used **in the antenatal period**.
2. The EPDS is a reliable and valid screening tool for depression in postpartum women during all trimesters in pregnancy and the first year postpartum.

MALTESE

Countries where Maltese is spoken:

- Malta

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALTESE)

Validation of the Maltese version of the Edinburgh Postnatal Depression Scale

Felice, E., Saliba, J., Grech, V., & Cox, J. (2005). Validation of the Maltese version of the Edinburgh Postnatal Depression Scale. *Archives of Women's Mental Health*, DOI 10.1007/S00737-005-0099-3. ³⁸

SUMMARY OF VALIDATION STUDY

A cut-off point of 13/14 was considered to be optimal for screening a population of Maltese women at **eighteen weeks gestation**.

A cut-off point of 11/12 was considered to be optimal for screening a population of Maltese women at **eight to ten weeks postpartum**.

Study participants

Two hundred and twenty three women were recruited from St Luke's Hospital in Malta during September 1996 and June 1997. Women were first interviewed during pregnancy at a mean gestational age of 18.6 weeks and followed up at between eight and ten weeks after delivery. The mean age of the women was 27.1 years. Nearly all of these women were married to or living with the father of the baby (93%) and 99% were practising Roman Catholics. Most of the women (78%) had completed secondary education and 22% had higher education. Almost a half of women (49.4%) were unemployed. Just over half of the women had had previous pregnancies (52%). These Maltese women reported a high level of support from their husband (60%) and their mother (89%).

Study design

A team consisting of a psychiatrist, midwife and teacher developed a translated EPDS which was back-translated by six bilingual mothers and an independent bilingual psychiatrist. Each EPDS item was translated and back-translated according to the five major criterion for cross-cultural equivalence (content, semantic, criterion, technical and conceptual) in psychiatric research. The Maltese and English versions were then piloted on twelve bilingual mothers who were receiving treatment for depression as an outpatient. The scale was found to have acceptable technical equivalence and no changes were made. The Maltese EPDS version was compared with the Revised Maltese Version of the Clinical Interview Schedule (CIS-R) to determine mild, moderate and severe depressive episodes and disorder and anxiety disorders according to ICD-10 diagnosis.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MALTESE)

Study findings

Antenatal depression	Cut-off 9/10	Cut-off 11/12	Cut-off 12/13	Cut-off 13/14
Sensitivity	90.6%	81.3%	78%	75%
Specificity	80.1%	87.4%	89.5%	95.8%
Positive Predictive Value	43.3%	52%	55.6%	75%
Negative Predictive Value	98.1%	96.5%	96.1%	95.8%
ROC				0.95

Postnatal depression	Cut-off 9/10	Cut-off 10/11	Cut-off 11/12	Cut-off 12/13
Sensitivity	83.3%	83.3%	83.3%	77.8%
Specificity	91.7%	95.1%	96.6%	98%
Positive Predictive Value	46.8%	60%	68.2%	77.8%
Negative Predictive Value	98.4%	98.5%	98.5%	98.8%
ROC			0.95	

The EPDS at a cut-off of 13/14 and 11/12 correctly identified depressed and non-depressed women during and after pregnancy with a probability of 95%. This suggests excellent psychometric properties of the EPDS for screening for severe, moderate and mild depressive illness.

At the first antenatal assessment (18 weeks gestation), 7.6% of the women had mild, or moderate depression and a further 6.7% had severe depression. At the postnatal assessment (8 to 10 weeks postpartum), 6.7% of women were diagnosed as having mild or moderate depression and a further 1.3% had severe depression.

This study confirms that the EPDS is a valid clinical screening instrument for detecting antenatal and postnatal depression in Maltese women and provides the opportunity for midwives to emphasise the importance of the women's emotional state.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

Full name: _____ Date : _____

Hvordan føler du deg?

Siden du nettopp har født barn, ville vi gjerne vite hvordan du føler deg for tiden. Sett en strek under svaret som best beskriver hvordan du har følt deg i de siste 7 dagene og ikke bare hvordan du har hatt det i dag. Følgende er et eksempel som allerede er fullført:

Jeg har følt meg lykkelig:

Ja, for det meste

Ja, av og til

Nei, ikke særlig

Nei, ikke i det hele tatt

Dette tolkes som: ”Jeg har følt meg lykkelig av og til i den siste uken.” Vennligst fullfør svarene på de andre spørsmålene på same måte.

1. Har du siste 7 dager kunnet le og se det komiske i en situasjon?

Like mye som vanlig

Ikke riktig så mye som jeg pleier

Klart mindre enn jeg pleier

Ikke i det hele tatt

2. Har du siste 7 dager gledet deg til ting som skulle skje?

Like mye som vanlig

Noe mindre enn jeg pleier

Klart mindre enn jeg pleier

Nesten ikke i det hele tatt

3. Har du siste 7 dager bebreidet deg selv uten grunn når noe gikk galt?

Ja, nesten hele tiden

Ja, av og til

Ikke særlig ofte

Nei, aldri

4. Har du siste 7 dager vært nervøs eller bekymret uten grunn?

Nei, slett ikke

Nesten aldri

Ja, iblant

Ja, veldig ofte

5. Har du siste 7 dager vært redd eller fått panikk uten grunn?
Ja, svært ofte
Ja, noen ganger
Sjelden
Nei, aldri
6. Har du siste 7 dager følt at det har blitt for mye for deg?
Ja, jeg har stort sett ikke fungert i det hele tatt
Ja, iblant har jeg ikke klart å fungere som jeg pleier
Nei, for det meste har jeg klart meg bra
Nei, jeg har klart meg like bra som vanlig
7. Har du siste 7 dager vært så ulykkelig at du har hatt vanskeligheter med å sove?
Ja, for det meste
Ja, iblant
Ikke særlig ofte
Nei, ikke i det hele tatt
8. Har du siste 7 dager følt deg nedfor eller ulykkelig?
Ja, det meste av tiden
Ja, ganske ofte
Ikke særlig ofte
Nei, ikke i det hele tatt
9. Har du siste 7 dager vært så ulykkelig at du har grått?
Ja, nesten hele tiden
Ja, veldig ofte
Ja, det har skjedd iblant
Nei, aldri
10. Har tanken på å skade deg selv streifet deg, de siste 7 dagene?
Ja, nokså ofte
Ja, av og til
Ja, så vidt
Aldri

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

The Norwegian version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The EPDS is a reliable and valid screening tool for depression in postpartum women during all trimesters in pregnancy and the first year postpartum.
2. Items 5, 6, 8 and 10 were changed in the Norwegian-EPDS to be conceptually and linguistically equivalent to the English-EPDS.
3. The Norwegian-EPDS was used in a prevalence study during the first, second and third trimester and the first four months, five to eight, nine to twelve and over twelve months postpartum. At all of these times the prevalence was at a similar level.

Based on the information from two published validation studies comparing the Norwegian translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

NORWEGIAN

Countries where Norwegian is spoken:

- Norway

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

The Edinburgh Postnatal Depression Scale: validation in a Norwegian community sample

Eberhard-Gran, M., Eskild, A., Tambs, K., Schei, B. & Opjordsmoens, S. (2001). The Edinburgh Postnatal Depression Scale: validation in a Norwegian community sample. *Nordic Journal of Psychiatry*, 55 (2), 113-117. ³⁹

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Norwegian women **at six and ten weeks postpartum**.

Study participants

Three hundred and ten women were recruited from two community child health centres in Nes and Sorum, Norway. Fifty-seven women were then selected for an interview study at 10 weeks postpartum. All women who failed the EPDS at six weeks (n=26) and a further 31 women who did not fail the EPDS were invited to participate. The mean age of the women at six weeks was 30 years. Nearly all of these women were married to or living with the father of the baby (98%) and 79% had a normal delivery. Just over half of the women had had previous pregnancies (56%).

Study design

The primary author translated the EPDS into Norwegian. This version was back-translated by an authorised English translator then compared with the English version. Four items were modified using words and phrases that were conceptually and linguistically equivalent to the original. The questions changed were 5, 6, 8 and 10. The Norwegian EPDS version was compared with Montgomery – Asberg Depression Rating Scale (MADRS), Hopkins Symptom Check List (SCL-25) and Primary Care Evaluation of Mental Disorders (PRIME-MD) for DSM diagnosis of major and minor depression.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

Study findings

	Major depression		Major and minor depression	
	Cut off 9/10	Cut off 10/11	Cut off 9/10	Cut off 10/11
Sensitivity	100%	67%	67%	48%
Specificity	87%	92%	97%	100%

A statistically significant difference was found in depressed and non-depressed women. At six weeks postpartum, the prevalence of postnatal depression was 8.4% (26 women). At 10 weeks postpartum, 27% of the women (13 chronic cases and 2 new cases) were found to be depressed using EPDS.

The EPDS had excellent internal validity using Cronbach's alpha (0.81) at six weeks and at ten weeks (0.74). The interrater reliability was very good with all raters being able to diagnose all women with major depression.

The EPDS had excellent convergent validity with all other measures used in the study. The Pearson's correlation coefficient for the self-rating measure (SCL-25) was 0.78 and the observer rating measure (MADRS) was 0.8.

This study confirms that the EPDS is a valid clinical screening instrument for detecting postnatal depression in Norwegian women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

Screening for postnatal depression: Validation of the Norwegian version of the Edinburgh Postnatal Depression Scale, and assessment of risk factors for postnatal depression

Berle, J.O., Aarre, T.F., Mykletun, A., Dahl, A.A. & Holsten, F. (2003). Screening for postnatal depression: Validation of the Norwegian version of the Edinburgh Postnatal Depression Scale, and assessment of risk factors for postnatal depression. *Journal of Affective Disorders*, 76, 151-156. ⁴⁰

SUMMARY OF VALIDATION STUDY

A cut-off point of 7/8 was considered to be optimal for **screening** a population of Norwegian women **at six and twelve weeks postpartum** to detect **all cases** of **major and minor depression**.

A cut-off point of 10/11 was considered to be optimal for detecting **major depression** in a population of Norwegian women **at six and twelve weeks postpartum**.

Study participants

Four hundred and eleven women attending routine postnatal visits between six and twelve weeks postpartum were recruited and screened with the EPDS at six and twelve weeks postpartum. One hundred women were then selected for an interview study by the following process. The women selected were those who failed the EPDS at six weeks (cut off 7/8) and one in 10 women who did not fail the EPDS were invited to participate.

Study design

Used the Norwegian-EPDS version translated by Eberhard-Gran (2001) and compared with the Beck Depression Inventory (BDI), Hospital Anxiety and Depression Rating Scale (HADS), Mini International Neuropsychiatric Interview (MINI-V4.4) for DSM-IV diagnoses and Montgomery Asberg Depression Rating Scale (MADRS).

Study findings

Major depression	Cut off 7/8	Cut off 9/10	Cut off 10/11
Sensitivity	100%	96%	96%
Specificity	29%	62%	75%
Positive Predictive Value	34%	48%	59%

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

Major and minor depression	Cut off 7/8	Cut off 9/10	Cut off 10/11
Sensitivity	100%	90%	83%
Specificity	36%	71%	83%
Positive Predictive Value	52%	69%	77%

For major and minor depression a 9/10 cut-off also gives satisfactory results.

The prevalence of major depression was 6.6% (27 women) and 3.3% (14 women) were diagnosed with minor depression.

The EPDS had excellent internal validity using Cronbach's alpha (0.87) with Items 1 to 9 correlating between 0.55 and 0.72. The interrater reliability was also very good with rater correlations between 0.78 and 0.84.

The EPDS had good convergent validity with all other measures used in the study. The Pearson's correlation coefficient for the self-rating measure (HADS sum score) was 0.57 and the observer rating measure (MADRS sum score) was 0.79. The EPDS correlated higher with the clinical diagnosis on the MADRS than with both HADS and BDI.

Only one factor was extracted during Principal Component Analysis. This factor, which was depression, accounted for 46.6% of the variance.

It was recommended that women who are more susceptible to depression, such as those with previous depression, depression in the current pregnancy and a positive family history of affective disorder, current somatic illness and multipara should be targeted for EPDS screening.

This study confirms that the EPDS is a valid clinical screening instrument for detecting postnatal depression in Norwegian women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

Depression during pregnancy and after delivery: A repeated measurement study

Eberhard-Gran, M., Tambs, K., Opjordsmoen, S., Skrandal, A. & Eskild, A. (2004). Depression during pregnancy and after delivery: A repeated measurement study. *Journal of Psychosomatic Obstetrics and Gynecology*, 25, 15-21. ⁴¹

SUMMARY OF STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Norwegian women during **the first, second and third trimester** and **the first four months, five to eight, nine to twelve and over twelve months postpartum**.

Study participants

Four hundred and sixteen women were recruited from community child health centres in Nes and Sorum, Norway in the first four postpartum months. Of these women, 259 were screened during pregnancy and in the first year postpartum. Fifty-six women were then selected for an interview study at 10 weeks postpartum. The mean age of the women at six weeks was 30 years. Nearly all of these women were married to or living with the father of the baby (98%) and just over half of the women had had previous pregnancies (58%).

Study design

Used the Norwegian-EPDS version developed by the authors in 2001. The version was compared with the Hopkins Symptom Check List (SCL-25). The researchers also recorded the presence of risk factors of each of the collection periods.

Study findings

Using a cut-off of 9/10, the prevalence of postnatal depression at four months postpartum was 8.9%. This prevalence in the first 4 months was not significantly different from the prevalence of depression at the other times (first, second and third trimester and five to eight, nine to twelve and over twelve months postpartum).

Prior depression, a high score on the life events scale, and poor partner relationships were significantly associated with depression. The absence of an increased risk for depression in the first 4 months postpartum as compared with the other time periods, remained after controlling for the known risk factors of depression (which were varied at the different time periods).

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – NORWEGIAN)

The study found that the EPDS was a useful screening tool for detecting depression during pregnancy and in the first year postpartum and the prevalence of depression is similar throughout the whole period.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

Full name: _____ Date : _____

Como teve recentemente um bebé, gostaríamos de saber como se sente. Por favor, sublinhe a resposta que melhor indique o modo como se sente *desde há 7 dias* e não apenas hoje.

Aqui está um exemplo:

Senti-me feliz:

Sim, sempre

Sim, quase sempre

Não, poucas vezes

Não, nunca

Isto quereria dizer: “Senti-me feliz quase sempre durante os últimos sete dias”. Por favor, complete as outras questões do mesmo modo.

DESDE HÁ 7 DIAS

1. Tenho sido capaz de me rir e ver o lado divertido das coisas
Tanto como dantes
Menos do que antes
Muito menos do que antes
Nunca
2. Tenho tido esperança no futuro
Tanta como sempre tive
Bastante menos do que costumava ter
Muito menos do que costumava ter
Quase nenhuma
3. Tenho-me culpado sem necessidade quando as coisas correm mal
Sim, a maioria das vezes
Sim, algumas vezes
Raramente
Não, nunca
4. Tenho estado ansiosa ou preocupada sem motivo
Não, nunca
Quase nunca
Sim, por vezes
Sim, muitas vezes

5. Tenho-me sentido com medo, ou muito assustada, sem grande motivo
Sim, muitas vezes
Sim, por vezes
Não, raramente
Não, nunca
6. Tenho sentido que são coisas demais para mim
Sim, a maioria das vezes não tenho conseguido resolvê-las
Sim, por vezes não tenho conseguido resolvê-las como dantes
Não, a maioria das vezes resolvo-as facilmente
Não, resolvo-as tão bem como dantes
7. Tenho-me sentido tão infeliz que durmo mal
Sim, quase sempre
Sim, por vezes
Raramente
Não, nunca
8. Tenho-me sentido triste ou muito infeliz
Sim, quase sempre
Sim, muitas vezes
Raramente
Não, nunca
9. Tenho-me sentido tão infeliz que choro
Sim, quase sempre
Sim, muitas vezes
Só às vezes
Não, nunca
10. Tive ideias de fazer mal a mim mesma
Sim, muitas vezes
Por vezes
Muito raramente
Nunca

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

The Portuguese version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. Areias *et al* (1996) confirmed the validity and reliability of the Portuguese-EPDS by screening at six months gestation and three and twelve months postpartum. Separate analysis was not provided for these different screening times therefore the **cut-off point for the antenatal period** was not obtained. In the absence of any other information, the recommended cut-off point for pregnant Portuguese-speaking women is 9/10, however **results should be interpreted with care**.
2. Areias *et al* (1996) found that **the results for men** did not provide accurate reliability and validity statistics, however the results do provide guidance as to the onset of depression (4-12 months after the birth of the baby). Even this result from the study **should be interpreted with care** as the study only sampled a very small number of men.
3. Da-Silva *et al* (1998) used only clinical impressions for their comparative gold standard measure and a small sample. These results are less reliable.

Based on the information from two published validation studies comparing the Portuguese translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

PORTUGUESE

Countries where Portuguese is spoken:

- Angola
- Brazil
- Macau
- Mozambique
- Portugal

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

Comparative incidence of depression in women and men, during pregnancy and after childbirth: Validation of the Edinburgh Postnatal Depression Scale in Portuguese mothers.

Areias, M.E.G., Kumar, R., Barros, H. & Figueiredo, E. (1996). Comparative incidence of depression in women and men, during pregnancy and after childbirth: Validation of the Edinburgh Postnatal Depression Scale in Portuguese mothers. *British Journal of Psychiatry*, 169, 30-35. ⁴²

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Portuguese women **at three months and 12 months postpartum**.

Study participants

Fifty-four women and 42 male partners were recruited from Oporto, Portugal no later than 24 weeks antenatally and screened with the EPDS at six months antenatally and 12 months postpartum. A sub-sample of 12 men and 24 women were also screened at three months postpartum. The mean age of the women was 25 years with a range of 17 to 38 years. The mean age of the men was 26.2 years with a range of 20 to 37 years. All the women were having their first babies. The majority of men (93%) and women (72%) were employed. A large proportion of the women had had a history of depression (46%) compared with only 21% of males. A further 8% of women and 12% of men had a co-morbid secondary diagnosis such as general anxiety disorder, panic disorder, alcoholism and/or drug dependence.

Study design

The authors translated the EPDS into Portuguese and back-translated into English to compare to the original. The Portuguese-EPDS version was compared with Research Diagnostic Criteria (RDC) generated by the Schedule for Affective Disorders and Schizophrenia (SADS) for DSM diagnoses (major, minor or intermittent depressive disorders).

Study findings

Women	Cut-off 7/8	Cut off 8/9	Cut off 9/10	Cut off 11/12
Sensitivity	79%	71%	65%	35%
Specificity	83%	89%	96%	96%
Positive Predictive Value	71%	79%	91%	92%
Negative Predictive Value	88%	84%	82%	72%

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

Men	Cut off 7/8	Cut off 8/9	Cut off 9/10	Cut off 11/12
Sensitivity	40%	40%	40%	20%
Specificity	93%	81%	81%	92%
Positive Predictive Value	67%	36%	36%	40%
Negative Predictive Value	82%	83%	83%	80%

These results reflect combined scores from all three data collection times. This is a potential limitation of the study. The study recognises that men do not tend to experience depression until after four months postpartum and these sensitivity and specificity statistics may not be a true reflection of the reliability and validity of the EPDS at the three specific points in time.

There was a statistically significant difference in cumulative incidence of depression at 0-3 months postpartum between men and women. Women were more likely to be depressed and this depression was more likely to become chronic.

At six months gestation, the incidence of depression was 16.6%. At 3 months postpartum, 31.4% of the women (9% chronic cases) were found to be depressed using EPDS. At 12 months postpartum, 37% of women (14.8% chronic cases) were found to be depressed.

The study confirmed that mothers were significantly more likely to be clinically depressed than fathers. Postpartum fathers were more likely to be depressed following the occurrence of similar episodes in their partners.

The study points to early postpartum onset of depressive disorders for women (before three months) and a later onset depression for their male partners during the four to twelve months postpartum period.

This study confirms that the EPDS is a valid clinical screening instrument for detecting antenatal and postnatal depression in Portuguese women but not in their male partners.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

Prenatal and postnatal depression among low income Brazilian women

Da-Silva, V.A., Moraes-Santos, A.R., Carvalho, M.S., Martins, M.L.P. & Teixeira, N.A. (1998). Prenatal and postnatal depression among low income Brazilian women. *Brazilian Journal of Medical and Biological Research*, 31, 799-804. ⁴³

SUMMARY OF VALIDATION STUDY

A cut-off point of 12/13 was used for screening a population of Portuguese women **at the second and third trimester antenatally and monthly for the first six months postpartum.**

Study participants

Thirty-three women were recruited from Anaia, Sao Goncalo, - a very poor area of Brazil, 50km from Rio de Janeiro. The mean age of the women was 21.45 years. The majority of women who were not depressed reported positive partner support (75%) compared to only 44% of depressed women. Just over half (57%) of the depressed women were black, whereas only 8.3% of non-depressed women were black. Women with low partner support and those women of black race were statistically more likely to experience depression.

Study design

Developed a translated Portuguese-EPDS by the authors which was piloted on 20 bilingual volunteers, Portuguese and English-speaking. There was no difference between individual scores when tested on both versions of the EPDS. A control group of 20 Portuguese speaking volunteers were tested and re-tested using the Portuguese version and there were no significant differences with the scores at both times. At each contact (maximum 8), clinical impressions regarding the woman's mood against ICD-10 were made and documented by medical and nursing students, supervised by a psychiatrist. These results were compared with the Portuguese EPDS score, at a cut-off of 12/13, that was administered at the same time.

Study findings

Seventeen women (7.8% of the sample) were diagnosed with depression using the EPDS, however, for these women the diagnosis was not supported by the clinical assessment. A further seven women (3.2% of the sample) were clinically assessed as being depressed, however they were not detected by the EPDS.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PORTUGUESE)

The specificity and sensitivity using the cut-off of 12/13 was 73% and 90.5% respectively.

Over a third (37.9%) of the women were depressed in the third trimester of pregnancy, however only 9.5% of these women had postnatal depression. Conversely, a third of the women who experienced postnatal depression did not have depression during pregnancy. Depression during the third trimester was not predictive of postnatal depression.

Nearly half of the mothers (42.8%) had at least one depressive episode during the six postpartum months and 16.7% had repeatedly high EPDS scores across all visits.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PUNJABI)

Full name: _____ Date : _____

Tuseen Kis taran maehsoos karde ho ?

Kujh din pahilan tuhada bachha paeda hoiaa cee aatae asseen eh jananna chahudae han ke tuseen kis taran maehsoos karde ho. Pishlae ik haptae ton jis taran vee tuseen maehsoos kita cee oos barae mehar-bani karke dhuckveen khanae hethan nishan laoo.

Eh ik aapdea layee poora namoona tiar kita hoia hae (e.g.)

Maen khush rahee cee :

Bahut vaar

Kayee vaar

Bahut vaar nahin

Bilkul nahin

Eisdaa matlab hai ki : Maen pishlae haptae Kayee vaar khush rahee cee .

Baaki sawalaan noon vee eise taran mehar-bani karke poora karo.

Pishlae sat dina vich

1. Meree hasnae khadnae dee isha cee:

Pehilan jinee hee

Agae nalon ghat

Kadae kadae

Bil-kul nahin

2. Maen dilhon khushee nal cam karna chohundee cee:

Peilan wang hee

Agae nalon kujh ghat

Bil-kul agae nalon ghat

Kadae vee nahin

3. Jad koi gal vigad jandi cee taan maen aapnae aap noon kasoorvaar samajh-dee cee:

Bahut var

Kayee var

Bahut var nahin

Bil-kul nahin

4. Maen bina kisae khas karan hee chinta phikar kardee cee:

Kadae vee nahin

Bahut hee ghat

Kadae kadae

Bahut var

5. Maen bina kisae khas karan hee dar atae ghabrahat mahaesoos kardee cee:
Bahut var
Kadae kadae
Bahut var nahin
Bil-kul nahin
6. Maen innee udas cee ke maen kisae tarah de tangee jan fikar valee gal sahar nahin sakdee cee:
Bahut var
Kayee var
Bahut var nahin
Bil-kul nahin
7. Maenu dukha karke neend nahin aaundee cee:
Bahut var
Kadae kadae
Bahut var nahin
Bil-kul nahin
8. Maen udas rahindee cee:
Bahut var
Kadae kadae
Bahut var nahin
Bil-kul nahin
9. Maen innee udas cee kae maen rondree rahindee cee:
Bahut var
Kayee var
Kadae kadae
Bil-kul nahin
10. Mera dil karda cee kae maen aapnae aap noon nuksaan kar lavan:
Bahut var
Kadae kadae
Bahut var nahin
Bil-kul nahin

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PUNJABI)

The Punjabi version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. Item 2 and 6 are meaningless in Punjabi and despite the closest semantic equivalent being used these items did not correlate to the English-EPDS items.
2. **Please note** that within the Punjabi-speaking community, a suggestion or diagnosis of depression within a family may reduce the family status in the community and can have long-term negative consequences. To avoid stigmatism, this EPDS version should be administered in terms of wellness and not depression.
3. Mothers should have the opportunity to complete the EPDS in a confidential manner. It is not recommended that a third party, such as the mother-in-law, is present and aware of the mother's responses in the EPDS.
4. For the main study, the EPDS results were not compared with a gold standard for diagnosing depression.
5. Two versions of the Punjabi EPDS translation are available. One has Romanised words and the other is in Punjabi script. The Romanised version is helpful to those who understand Punjabi but cannot read Punjabi script.

Based on the information from one published validation study comparing the Punjabi translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

PUNJABI

Countries where Punjabi is spoken:

- India
- Pakistan

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PUNJABI)

Developing the use of the EPDS in Punjabi-speaking community

Clifford, C., Day, A. & Cox, J. (1997). Developing the use of the EPDS in Punjabi-speaking community. *British Journal of Midwifery*, 5, 616-619.
44

SUMMARY OF THE STUDY

This study was aimed at developing and evaluating the Punjabi-EPDS by comparing scores of bi-lingual women on both the English and Punjabi-EPDS. This Punjabi-EPDS was then used in the validation study by Clifford *et al*, (1999).

Study participants

The Punjabi-EPDS was developed by a project team that consisted of English health professionals and Punjabi-speaking people of mixed ages and mixed Punjabi literacy and language skills in Wolverhampton, United Kingdom. Fifteen (15) bi-lingual mothers were used to pilot the Punjabi-EPDS.

Study design

Developed a translated EPDS by the project team and back-translated. Each EPDS item was translated and back-translated according to the five major criterion for cross-cultural equivalence in psychiatric research (content, semantic, criterion, technical and conceptual). Some English expressions were meaningless when translated into Punjabi. In these cases, the closest content and semantic equivalent was chosen. For example, Question 1 “I can laugh and see the funny side of things” was changed to “I feel that I can laugh and play”.

A first draft was given to six project members to back-translate. The project team recommended further minor alterations.

Study findings

The majority of bi-lingual participants had similar scores on both sets of scales. The correlation between English and Punjabi-EPDS scores was 0.944 ($p < 0.01$). This high level of correlation shows that the Punjabi version of the EPDS scale was “as near as possible” to the English scale in terms of content and semantic equivalence.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PUNJABI)

A cross-cultural analysis of the use of the Edinburgh Postnatal Depression Scale (EPDS) in health visiting practice

Clifford, C., Day, A., Cox, J. & Werrett, J. (1999). A cross-cultural analysis of the use of the Edinburgh Post-natal Depression Scale (EPDS) in health visiting practice. *Journal of Advanced Nursing*, 30(3), 655-664. ⁴⁵

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Punjabi-speaking women **at six to eight weeks and 16 to 18 weeks postpartum**.

Study participants

Ninety-eight women were recruited from two electoral wards in Wolverhampton, United Kingdom. All women were screened with the EPDS at six to eight weeks postpartum. Only 52 women agreed to be screened at time 2 (16-18 weeks postpartum). Of the 52 women screened at 16-18 weeks postpartum, 15 were selected for mental health assessment interviews.

Study design

Used the Punjabi-EPDS translated by Clifford *et al.* (1997). The Punjabi-EPDS version was compared with a mental health assessment interview used in community clinics. Using Spearman's correlation, an item by item analysis of the participants' responses for the English and Punjabi scales was calculated at six to eight weeks postpartum and 16-18 weeks postpartum.

Study findings

The Spearman's item by item correlation analysis identified Item 2 and 6 ("enjoyment" and "things getting on top of me") as having possible alternative meanings to the original English items as they did not correlate well.

The prevalence of depression at six to eight weeks postpartum was 11.6% using a cut-off of 11/12. One-third (33%) of these women had chronic depression and scored 12 or above at 16 to 18 weeks postpartum.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – PUNJABI)

Based on a small sample of the study participants (n=15), the Punjabi-EPDS was better at identifying perinatal mental health difficulties compared with the English-EPDS. The Punjabi-EPDS version, at a cut-off of 11/12, identified 67% of women with depression. The English-EPDS version only identified 57% of women. The Punjabi-EPDS version also had more reliable results when scored by multiple raters (Punjabi inter-rater reliability 0.70 compared with 0.57 for English-EPDS).

The sensitivity and specificity of both the Punjabi-EPDS and the English-EPDS were 80% at a cut-off of 11/12 when compared with the mental health assessment. At both times, the Punjabi and English EPDS scores were similar with correlations of 0.80 at 6 to 8 weeks and 0.73 at 16 to 18 weeks.

In this Sikh community, the concept of depression had no literal translation apart from psychotic illness or good/positive mental health. In addition, it was noted that a label of postnatal depression may have implications for the mother, her children and the extended family as it may reduce the family status in the community and marriage prospects of the daughters. Also, consideration is needed to develop strategies that provide the mother with an opportunity to complete the EPDS in a confidential manner. It is not recommended (by Cox *et al*) that a third party, such as the mother-in-law, is present and aware of the mother's responses in the EPDS.

This study confirms that the EPDS is a valid screening instrument for detecting postnatal depression in Punjabi women. The recommended cut-off of 9/10 was recommended for first stage community screening so that all women with depression would be identified.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE TRANSLATION – SOUTH AFRICA - ENGLISH

Full name: _____ Date : _____

As you have recently had a baby, we would like to know how you are feeling now. Please underline the answer that comes closest to how you feel. **Please choose an answer that comes closest to how you have felt in the past seven days, not just how you feel today.**

For example, I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very much
- No, not at all

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

In the past seven days:

1. I have been able to see the funny side of things:
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all

2. I have looked forward with enjoyment to things:
 - As much as I ever did
 - A little less than I used to
 - Much less than I used to
 - Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
 - Yes, most of the time
 - Yes, some of the time
 - Not very much
 - No, never

4. I have been worried for no good reason:
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very much

(Please answer questions 5-10 on the back of this page)

5. I have felt scared or panicky for no very good reason:
Yes, quite a lot
Yes, sometimes
No, not much
No, not at all
6. Things have been getting on top of me:
Yes, most of the time I haven't been managing at all
Yes, sometimes I haven't been managing as well as usual
No, most of the time I have managed quite well
No, I have been managing as well as ever
7. I have been so unhappy that I have had difficulty sleeping (not because of the baby):
Yes, most of the time
Yes, sometimes
Not very much
No, not at all
8. I have felt sad and miserable:
Yes, most of the time
Yes, quite a lot
Not very much
No, not at all
9. I have been so unhappy that I have been crying:
Yes, most of the time
Yes, quite a lot
Only sometimes
No, never
10. The thought of harming myself has occurred to me:
Yes, quite a lot
Sometimes
Hardly ever
Never

© Lawrie, T., Hofmeyr, C., de Jager, M. & Berk, M. (1998). Validation of the Edinburgh Postnatal Depression Scale on a Cohort of South African Women. *South African Medical Journal*, 88(10), 1340-1344.

© The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SOUTH AFRICAN - ENGLISH)

The South African – English version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 11/12

A score of 12 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The following items were modified:

- 'rather less than I used to' and 'definitely less than I use to' CHANGED TO 'a little less than I used to' and 'much less than I used to'
- 'very often', 'quite often' and 'not very often' CHANGED TO 'very much', 'quite a lot' and 'not very much'
- Item 4 'anxious' CHANGED TO 'worried'
- Item 6 'cope' CHANGED TO 'manage'
- Item 7 'not due to the baby' ADDED
- Item 10 'occasionally' CHANGED TO 'sometimes'

2. Guidelines for use

- The verbal EPDS should be read to the woman in the privacy of a consulting room.
- It may be read by health workers not specifically trained in mental health.
- If the woman's English is poor, the appropriate language translator should translate the questionnaire.
- Responses are scored in the same way as the original EPDS i.e. 0, 1, 2, and 3 according to increased severity of the symptom.
- If a woman scores 12 or more, a reliable clinical assessment is required.

3. The women sampled in the study were from a biased population. They had a number of risk factors including low income, socially disadvantaged and obstetric complications.

Based on the information from one published validation studies comparing the South African - English translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

SOUTH AFRICAN - ENGLISH

Countries where Afrikaans, Zulu, Tswana, Sotho and Xhosa are spoken:

- Mainly in South Africa
- Australia
- Belgium
- Botswana
- Botswana
- Canada
- Ciskei
- Eastern Cape Province
- Germany
- Lesotho
- Malawi
- Mozambique
- Namibia
- Natal (northern)
- Netherlands
- New Zealand
- Orange Free State
- Swaziland
- Transkei
- United Kingdom
- USA
- Zambia
- Zimbabwe
- Zululand

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SOUTH AFRICAN - ENGLISH)

Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women

Lawrie, T.A., Hofmeyr, G.J., de Jager, M. & Berk, M. (1998). Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. *South African Medical Journal*, 88(10), 1340–1344. ⁴⁶

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of South African women **between six and eighteen weeks postpartum**.

Study participants

One hundred and three women recruited from the postnatal clinic at Coronation Hospital in Johannesburg, South Africa at six weeks postpartum. Only women who have experienced obstetric complications or are having postpartum sterilisation operations attend the clinic at six weeks postpartum. The mean age for the women was 28.1 years and the mean parity was 2.2. Over half of the women (69.6%) were married or cohabiting and a large number (88.2%) had a caesarean section delivery. All of the women were living in a low income, socially disadvantaged urban community. The majority of women did not finish secondary school (75.4%). Seven women (6.8%) had a history of depression.

Study design

Developed a translated South African - English EPDS version by the authors. Pilot interviews were conducted and minor changes were made to the wording of the scale without altering the meaning. The EPDS was read in English to all the women due to the prevalence of illiteracy. If necessary, one of two multilingual nurses, experienced in translation, would translate the questions ad hoc. The majority of women spoke Afrikaans (29.4%) or Zulu (20.6%). The South African - English EPDS version was compared with the Montgomery Asberg Depression Rating Scale (MADRS) and the Structured Clinical Interview (SCID) for DSM-IV diagnosis. The women were assessed over a 3 month period commencing at the 6 week postpartum recruitment.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SOUTH AFRICAN - ENGLISH)

Study findings

Language	No. of women	Frequency of language spoken	Translation Required
Afrikaans	30	29.4%	33.3%
Zulu	21	20.6%	47.6%
Tswana	19	18.6%	21.1%
English	14	13.7%	0%
Sotho	8	7.8%	50%
Xhosa	4	3.9%	50%
Other	6	5.9%	33.3%
TOTAL:	102		32 women

Major Depression	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	100%	100%	100%	100%
Specificity	43.6%	51.1%	58.5%	68.1%
Positive Predictive Value	13.1%	14.8%	17%	21.1%
Negative Predictive Value	100%	100%	100%	100%

Major and Minor Depression	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	84%	84%	80%	80%
Specificity	48.1%	57.1%	64.9%	76.6%
Positive Predictive Value	34.4%	38.9%	42.6%	52.6%
Negative Predictive Value	90.2%	91.7%	90.9%	92.2%

A cut off of 11/12 was found to be adequate for routine screening in the community to identify women who require clinical assessment.

The prevalence of depression over the study period (6 to 18 weeks postpartum) was 24.5%. This high rate of depression was probably related to the social disadvantage experienced by the women and the high rate of caesarean section. Using a cut off of 11/12, 80% of depressed women were identified.

The mean EPDS score for the non-depressed women was 9.0 which was higher compared with other validation studies. The women in this study had particular problems with Items 4 and 5 which relate to being anxious and scared. The authors suggested that the subtlety of the wording was missed by the women which resulted in higher scores for these items. The non-depressed women also tended to score higher on Item 3 which relates to self-blame. The authors suggested that South African women in this sample may have low self-esteem.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

Full name: _____ Date : _____

¿Cómo se siente?

Como recientemente ha tenido un bebé, nos gustaría saber cómo se siente ahora. Por favor subraye la respuesta que considere más adecuada con respecto a cómo se ha sentido no sólo hoy, sino durante los últimos 7 días. A continuación encontrará un ejemplo ya completado.

Me he sentido bien:

Si, la mayoría del tiempo

Si, a veces

No, no muy bien

No, no me he sentido bien en absoluto

Esto significaría: “Me he sentido bien en algunos momentos durante la semana pasada”.

Por favor complete las otras preguntas de la misma manera.

En los pasados 7 días:

1. He sido capaz de reírme y ver el lado divertido de las cosas:

Igual que siempre

Ahora, no tanto como siempre

Ahora, mucho menos

No, nada en absoluto

2. He mirado las cosas con ilusión:

Igual que siempre

Algo menos de lo que es habitual en mí

Bastante menos de lo que es habitual en mí

Mucho menos que antes

3. Me he culpado innecesariamente cuando las cosas han salido mal:

Sí, la mayor parte del tiempo

Sí, a veces

No muy a menudo

No, en ningún momento

4. Me he sentido nerviosa o preocupada sin tener motivo:

No, en ningún momento

Casi nunca

Sí, algunas veces

Sí, con mucha frecuencia

5. He sentido miedo o he estado asustada sin motivo:

Sí, bastante

Sí, a veces

No, no mucho

No, en absoluto

6. Las cosas me han agobiado:

Sí, la mayoría de las veces no he sido capaz de afrontarlas

Sí, a veces no he sido capaz de afrontarlas tan bien como siempre

No, la mayor parte de las veces las he afrontado bastante bien

No, he afrontado las cosas tan bien como siempre

7. Me he sentido tan infeliz que he tenido dificultades para dormir:

Sí, la mayor parte del tiempo

Sí, a veces

No muy a menudo

No, en ningún momento

8. Me he sentido triste o desgraciada:

Sí, la mayor parte del tiempo

Sí, bastante a menudo

No con mucha frecuencia

No, en ningún momento

9. Me he sentido tan infeliz que he estado llorando:

Sí, la mayor parte del tiempo

Sí, bastante a menudo

Sólo en alguna ocasión

No, en ningún momento

10. He tenido pensamientos de hacerme daño:

Sí, bastante a menudo

A veces

Casi nunca

En ningún momento

© Garcia-Esteve, L.; Ascaso, C.; Ojuel, J. & Navarro, P.; (2003), Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *Journal of Affective Disorders*, 75, 71-76.

© The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

The Spanish version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 10/11

A score of 11 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Spanish-EPDS has been validated in a number of countries; Chile, Peru and Spain
2. The two studies in Barcelona had large sample sizes with over one thousand women screened at 6 weeks postpartum.

Based on the information from two published validation studies comparing the Spanish translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety. Also included are the results of two validation studies based on information collected from the abstract only.

SPANISH

Countries where Spanish is spoken:

- Andorra
- Argentina
- Bolivia
- Brazil
- Chile
- Colombia
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Philippines
- Puerto Rico
- Spain
- Uruguay
- Venezuela

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Chilean postpartum women

Jadresic, E., Araya, R. & Jara, C. (1995). Validation of the Edinburgh postnatal depression scale (EPDS) in Chilean postpartum women. *Journal of Psychosomatic Obstetrics and Gynecology*, 16, 187-191. ⁴⁷

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Spanish speaking women at **two to three months postpartum**.

Study participants

One hundred and eight women were recruited over a two month period from antenatal clinics at the University Hospital Out-patient Clinic in Santiago, Chile. Only women who attended on Mondays and Thursdays were invited to participate. The mean age of the women was 27.7 years. Nearly all of the women (90%) had a stable partner. Almost half (44%) were housewives and another 12% were professional women. Almost all of the women (99%) had a secondary education and 16% had further education. Almost half of the women (48%) were primiparous. Most babies (86%) were born by normal vaginal delivery, with 11% requiring caesarean section.

Study design

Developed a translated and back-translated Spanish-EPDS by the authors who were Chilean but British trained psychiatrists working in Chile. The back-translation was found to be identical to the original by a native English speaking psychiatrist in London. Pilot interviews were conducted with 12 child-bearing women and the Spanish-EPDS version was found to be acceptable and easy to use. The Spanish-EPDS version was compared with the Psychiatric Assessment Schedule (PAS) based on the Present State Examination (PSE) to derive RDC criteria.

Study findings

	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 12/13
Sensitivity	100%	100%	82%	55%
Specificity	67%	80%	87%	94%
Positive Predictive Value	26%	37%	43%	50%
Negative Predictive Value	100%	100%	98%	95%
Misclassification	30%	18%	14%	10%

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

The EPDS was found to have good internal consistency (Cronbach alpha, = 0.77). The prevalence of depression was 10.2% using the RDC criteria for depression.

A cut-off of 9/10 was found to be optimal for screening women for postnatal depression. If the threshold was 8/9, all mothers with depression would have been identified correctly, however one third of women would have been false positive.

The Spanish-EPDS was found to be useful in screening both working class⁴⁸ and middle class women. Overall this version was found to be a useful and valid instrument to screen postpartum depression in Chilean women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

Validation of a Spanish version of the Edinburgh Postnatal Depression Scale

ABSTRACT ONLY

Vega-Dienstmaier, J.M., Mazzotti Suarez G. & Campos Sanchez, M. (2002). Validation of a Spanish version of the Edinburgh Postnatal Depression Scale. *Actas Espanolas de Psiquiatria*, 30(2), 106-111. (Full text in Spanish) ⁴⁹

SUMMARY OF VALIDATION STUDY

A cut-off point of 13/14 was considered to be optimal for screening major depression in a population of Peruvian women **up to one year postpartum**.

Study participants

Three hundred and twenty-one women were recruited into the study.

Study design

Used the Spanish-EPDS version and compared with the semi-structured diagnostic interview (SCID) for DSM-IV diagnosis of major depression.

Study findings

Major Depression	Cut off 7/8	Cut off 13/14
Sensitivity	100%	84.2%
Specificity	-	79.5%
Negative Predictive Value	100%	-

No woman with a score lower than 7.5 had major depression. The correlation coefficient between EPDS and SCID was 0.45 for major depression symptoms. The EPDS was shown to have good internal consistency (Cronbach's alpha was 0.70).

The items that had the greatest predictive power were those relating to worries, ability to cope, panic, crying and optimism.

The Spanish-EPDS version performed adequately in the sample of Peruvian women during the first 12 months after delivery.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers

Garcia-Esteve, L., Ascaso, C., Ojuel, J. & Navarro, P. (2003). Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *Journal of Affective Disorders*, 75, 71-76.⁵⁰

SUMMARY OF VALIDATION STUDY:

A cut-off point of 10/11 was considered to be optimal for screening a population of Spanish women **at six weeks postpartum**.

Study participants

One thousand, one hundred and twenty three women attending routine postnatal care at the Public Maternity Hospital of Barcelona, Spain completed the EPDS at 6 weeks postpartum. Based on EPDS scores, women were divided into two groups to receive a clinical interview. Group 1 included 218 women with an initial EPDS score >9 Group 2 included 126 randomly allocated women with an initial EPDS score <9. The mean age for Group 1 (depressed women) was 29.8 years and 30.2 years for non-depressed women. There were no significant differences in mean age between these two groups.

Study design

Developed a translated Spanish-EPDS by the authors and back-translated by the Linguistic Service - University of Barcelona and compared with the English version. This Spanish-EPDS version was piloted on 20 mothers and no changes were made. The Spanish-EPDS version was compared with the Spanish version of the DSM-III-R Structured Clinical Interview, non-patient (SCID-NP) which was modified to diagnose major depression according to DSM-IV criteria.

Study findings

Major & minor depression	Cut-off 8/9	Cut-off 9/10	Cut-off 10/11	Cut off 11/12
Sensitivity	100%	89%	79%	70%
Specificity	89%	93%	95%	97%
Positive Predictive Value	48%	56%	63%	71%
Negative Predictive Value	100%	99%	98%	97%
ROC	0.976		0.983	

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

One hundred women with an initial EPDS score >9 were diagnosed with depressive disorder, including 38 with major depression. None of the women with scores <9 were found to have depression. Therefore all women with scores <9 were assumed to be non-depressed. The prevalence of PND was 8.9% (100 out of 1123).

The EPDS was correlated strongly with the DSM interview schedules. At a cut-off of 9/10, the EPDS identified all of the women with DSM major depression and identified all the women with DSM minor depression at a cut-off of 8/9.

The mean score for depressed mother was 14 (S.D. 3.8). Non-depressed mothers had a significantly lower EPDS score of 4.8 (S.D. 3).

These results confirmed the validity of the EPDS as a screening tool to identify postnatal depression in Spanish women attending routine postnatal care.

The authors cross-validated these results on another population and found similar results.

A cut off of 10/11 was found to be adequate for routine screening in the community to identify women who require clinical assessment.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SPANISH)

Prevalence of postpartum depression in Spanish mothers: comparison of estimation by mean of the structured clinical interview for DSM-IV with the Edinburgh Postnatal Depression Scale

ABSTRACT ONLY: Ascaso Terren, C., Garcia Esteve, L., Navarro, P., Aguado, J., Ojuel, J. & Tarragona, M.J. (2003). Prevalence of postpartum depression in Spanish mothers: comparison of estimation by mean of the structured clinical interview for DSM-IV with the Edinburgh Postnatal Depression Scale. *Medicina Clinica (Barc)*, 120(9), 326-329 (in Spanish with English abstract).⁵¹

SUMMARY OF VALIDATION STUDY:

A cut-off point of 11/12 was considered to be optimal for screening a population of Spanish women **at six weeks postpartum**.

Study participants

One thousand, one hundred and ninety-one women attending routine postnatal care at the Gynaecology and Obstetrics Department of the Hospital Clinic of Barcelona, Spain completed the EPDS at 6 weeks postpartum. Based on EPDS scores, the women were divided into two groups to receive a clinical interview. Group 1 included all women with an initial EPDS score >9. Group 2 included 16% of all women with an initial EPDS score <9. Four hundred and two women were offered the diagnostic interview, however only 334 (83%) agreed to participate.

Study design

The Spanish-EPDS version was compared with the structured diagnostic interview (SCID) for DSM diagnosis of major and minor depression.

Study findings

The prevalence of depression identified by the diagnostic interview was 10.15% (CI 95%: 8.43-11.87). The prevalence of major depression was 3.6% (CI 95%: 2.55 – 4.67) and the prevalence of minor depression was 6.5% (CI 95%: 5.14 – 7.95).

An EPDS cut-off of 11/12 was found to be effective in identifying the population at risk of postnatal depression (both major and minor depression).



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

Full name: _____ Date : _____

Hur mår Du?

Eftersom Du nyligen fått barn, skulle vi vilja veta hur Du mår. Var snäll och stryk under det svar, som bäst stämmer överens med hur Du känt Dig under de sista 7 dagarna, inte bara hur Du mår idag.

Här är ett exempel, som redan är ifyllt:

Jag har känt mig lycklig:

Ja, hela tiden

Ja, för det mesta

Nej, inte särskilt ofta

Nej, inte alls

Detta betyder: Jag har känt mig lycklig mest hela tiden under veckan som har gått. Var snäll och fyll i de andra frågorna på samma sätt:

UNDER DE SENASTE 7 DAGARNA

1. Jag har kunnat se tillvaron från den ljusa sidan:

Lika bra som vanligt

Nästan lika bra som vanligt

Mycket mindre än vanligt

Inte alls

2. Jag har glatt mig åt saker som skall hända:

Lika mycket som vanligt

Något mindre än vanligt

Mycket mindre än vanligt

Inte alls

3. Jag har lagt skulden på mig själv onödigt mycket när något har gått snett:

Ja, för det mesta

Ja, ibland

Nej, inte så ofta

Nej, aldrig

4. Jag har känt mig rädd och orolig utan egentlig anledning:

Nej, inte alls

Nej, knappast alls

Ja, ibland

Ja, mycket ofta

5. Jag har känt mig skrämmd eller panikslagen utan speciell anledning:

Ja, mycket ofta

Ja, ibland

Nej, ganska sällan

Nej, inte alls

6. Det har kört ihop sig för mig och blivit för mycket:

Ja, mesta tiden har jag inte kunnat ta itu med något alls

Ja, ibland har jag inte kunnat ta itu med saker lika bra som vanligt

Nej, för det mesta har jag kunnat ta itu med saker ganska bra

Nej, jag har kunnat ta itu med saker precis som vanligt

7. Jag har känt mig så ledsen och olycklig att jag haft svårt att sova:

Ja, mesta tiden

Ja, ibland

Nej, sällan

Nej, aldrig

8. Jag har känt mig ledsen och nere:

Ja, för det mesta

Ja, rätt ofta

Nej, sällan

Nej, aldrig

9. Jag har känt mig så olycklig att jag har gråtit:

Ja, nästan jämt

Ja, ganska ofta

Bara någon gång

Nej, aldrig

10. Tankar på att göra mig själv illa har förekommit:

Ja, rätt så ofta

Ibland

Nästan aldrig

Aldrig

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

The Swedish version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 11/12

A score of 12 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. Bangedahl-Strindlund et al, 1999 found that the EPDS is an effective tool to identify more depression than clinical judgement alone.

Based on information from three published validation studies comparing the Swedish translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

SWEDISH

Countries where Swedish is spoken:

- Finland
- Sweden

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

Use of the Edinburgh Postnatal Depression Scale in some Swedish Child Health Care Centres

Lundh, W. & Gyllang, C. (1993). Use of the Edinburgh Postnatal Depression Scale in some Swedish Child Health Care Centres. *Scandinavian Journal of Caring Sciences*, 7, 149-154.
52

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Swedish women **at two, six and twelve weeks and eight to nine months postpartum.**

Study participants

Two hundred and fifty-eight women were recruited from country and rural areas in Stockholm, Sweden. Only 169 women completed the EPDS at all four times. Two hundred and thirty-two women completed the EPDS at least three times. For just over half of the women, this was their first pregnancy (51%). The sample consisted of 25% of rural women and 15% of town women who had given birth that year.

Study design

Developed a translated Swedish-EPDS by the authors and back-translated by an authorised translator. The Swedish-EPDS version was piloted on 53 women and their scores were compared with the Comprehensive Psychological Pathology Rating Scale (CPRS-D). The scores on the EPDS were highly correlated with the CPRS-D (0.95). In the pilot, the EPDS, with a cut-off of 9/10, had a sensitivity of 90%, specificity of 92% and positive predictive value of 76%. For the main study, the EPDS results were not compared with a gold standard for diagnosing depression.

Study findings

Of the women screened during the postpartum period, 26% scored 10 or above on at least one of the assessment times. Nearly half of the women (47%) scored between 6 and 12 across all assessments. Two thirds of depressed women were having their first pregnancy.

At six weeks postpartum, the prevalence of postnatal depression was 8%. At three months postpartum, 13% of the women (4% new cases) were found to be depressed using the EPDS. At 8-9 months postpartum, 8% of women had high scores on the EPDS.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

Women who scored 1, 2 or 3 on Items 1, 2, 5, 7, 8, 9 & 10 usually got an overall high score. These items include feelings of panic, problems with sleeping, feeling miserable and temptation to self-harm. The Items 3, 4 & 6 seemed to be related to parenting rather than with postnatal depression. A third to a half of all women scored on Item 3, 4 and 6 (blame, anxious and things getting too much).

The EPDS was perceived by most women to be accurate, relevant and easy to complete. The women welcomed the opportunity to express their feelings.

A threshold of 9/10 was recommended for use in the community nursing environment.

The majority of women (65%) did not show any severe symptoms of postnatal depression between two weeks and eight months postpartum. There was no significant difference in postnatal depression in first time mothers and others (35%).

This study confirms that the EPDS is a valid screening instrument for detecting postnatal depression in Swedish women.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample

Wickberg, B. & Hwang, C. P. (1996). The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample, *Acta Psychiatrica Scandinavica*, 94, 181-184. ⁵³

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of Swedish women **at two and three months postpartum**.

Study participants

This is a total population study of women who gave birth in Goteborg and Molndal, Sweden. A total of 1,874 women attended child health clinics after birth and 1655 women were assessed at two and three months postpartum using the EPDS. The women that did not participate were excluded due to literacy problems or they simply declined. One hundred and thirty-eight women only completed one EPDS. Of the 1,655 women, 128 were selected for a more detailed study at three months postpartum. These women included 21 women who scored 9 or less, 16 women who scored 10 or 11 and 91 women who scored 12 or above on the EPDS.

Of the 1,655 women, the mean age was 28.1 years with a range of 18-42 years. The majority of the women were married or in defacto relationships (80%). For just over half of the women, this was their first pregnancy (59%) and nearly all of the women had a normal delivery (89%). A large proportion of the women did not have a history of depression (67%).

Study design

The Swedish-EPDS version was compared with Montgomery-Asberg Depression Rating Scale (MADRS) for DSM-III-R diagnosis for major depression.

Study findings

Women	Cut off 11/12	Cut off 12/13	Cut-off 11/12*
Sensitivity	96%	85%	96%
Specificity	49%	63%	75%
Positive Predictive Value	59%	64%	70%

**excluding 30 women who scored above 11 at three months postpartum only*

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

At two months postpartum, the prevalence of postnatal depression was 12%. At 3 months postpartum, 7.1% of the women (61% chronic cases) were found to be depressed using EPDS. The mean EPDS score for the depressed women was 15.4 (S.D. 3.1). For the non-depressed women, the mean EPDS score was significantly lower, 10.8 (S.D. 4.6).

Screening at two months and then followed by three months postpartum increased both the specificity and positive predictive value of the EPDS for major depression.

During the pilot study, the EPDS was moderately correlated with the MADRS (0.6).

This study confirmed that the EPDS is a valid screening instrument for detecting postnatal depression in Swedish women. The EPDS identifies postnatal depression in women who need further support and treatment.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

Postnatal depression: A hidden illness

Bagedahl-Strindlund, M., & Monsen Borjesson, K. (1998). Postnatal depression: A hidden illness. *Acta Psychiatrica Scandinavica*, 98, 272-275.⁵⁴

SUMMARY OF VALIDATION STUDY

A cut-off point of 11/12 was considered to be optimal for screening a population of Swedish women **at two, six and twelve weeks and eight to nine months postpartum.**

Study participants

Two samples of women living in the Southern Stockholm region of Sweden were compared to determine if the EPDS was better at identifying women with postnatal depression than clinical judgement alone. The first sample consisted of 1,128 women with babies born in 1992 who were attending 15 well baby clinics. The second sample (n=309) were all Swedish speaking mothers recruited over a 12 month period (1993 – 1994) who were attending 9 well baby clinics. In this second sample, the mean age of the women who scored above 12 on the EPDS was 27.8 years and women who scored less than 12 had a mean age of 28.3 years. The women with an EPDS score of less than 12 were significantly more likely to be primiparous (48% compared with 36% of the women with a score above 12). Women with a score less than 12 were also significantly less likely to be single (4% compared with 70% of the women with a score above 12). Forty-five women with an EPDS score >12 were invited to attend a diagnostic interview. Only 39 women attended.

Study design

The medical records held at well baby clinics attended by the women in the first sample were retrospectively viewed to identify cases of clinical depression. For the second sample of women, the authors used a translated Swedish-EPDS version to determine a prevalence of postnatal depression using a cut off of 11/12. Only a sample of the women (n=39) who scored 12 or above on the EPDS were given a diagnostic interview to determine Research Diagnostic Criteria (RCD) for major, minor and probable depression.

Study findings

Only 2% of the mothers were identified with depression in the first sample compared with 8.4% of mothers in the same area who were given the EPDS. This confirms that postpartum depression is a hidden illness and that the EPDS is an effective tool to identify more depression than clinical judgement alone.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SWEDISH)

Using the EPDS, 45 women (14.5%) were identified as having depressive symptoms (>12). A clinical interview confirmed depressive disorder in 67% of these women.

The prevalence found in this study of 8.4% was higher than a previously reported prevalence of 7% in another region of near Stockholm (Lundh & Gyllang, 1993). The previous study used the same cut off of 11/12 however the areas covered in the current study have greater ethnic diversity.

One third of these women had a history of psychological problems, 10% had previous suicide attempts and 2.5% had been previously admitted to a psychiatric clinic for treatment.

This study confirmed that the EPDS is a valid screening instrument for detecting postnatal depression in Swedish women.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – TURKISH)

Full name: _____ Date : _____

Kendinizi nasıl hissediyorsunuz?

Yakın bir zamanda bebeğiniz oldu ve şimdi biz, kendinizi nasıl hissettiğinizi öğrenmek istiyoruz. Lütfen, yalnızca bugün değil, fakat son 7 gün içinde kendinizi nasıl hissettiğinizi en iyi tanımlayan ifadenin altını çiziniz, aşağıdaki örnekte gösterildiği gibi:

Mutlu hissettim:

Evet, çoğu zaman

Evet, zaman zaman

Hayır, çok mutlu hissetmedim

Hayır, hiç mutlu hissetmedim

Bunun anlamı şu olacak: “Son bir hafta içinde kendimi ara sıra mutlu hissettim.”

Lütfen diğer soruları da aynı şekilde cevaplandırınız.

Son 7 gündür

1. Gülebiliyor ve olayların komik tarafını görebiliyorum.
Her zaman olduğu kadar
Artık pek o kadar değil
Artık kesinlikle o kadar değil
Artık hiç değil
2. Geleceğe hevesle bakıyorum.
Her zaman olduğu kadar
Her zamankinden biraz daha az
Her zamankinden kesinlikle daha az
Hemen hemen hiç
3. Birşeyler kötü gittiğinde gereksiz yere kendimi suçluyorum.
Evet, çoğu zaman
Evet, bazen
Çok sık değil
Hayır, hiçbir zaman
4. Nedensiz yere kendimi sıkıntılı ya da endişeli hissediyorum.
Hayır, hiçbir zaman
Çok seyrek
Evet, bazen
Evet, çoğu zaman

5. İyi bir nedeni olmadığı halde, korkuyor ya da paniğe kapılıyorum.

- Evet, çoğu zaman
- Evet, bazen
- Hayır, çok sık değil
- Hayır, hiçbir zaman

6. Her şey giderek sırtıma yükleniyor.

- Evet, çoğu zaman hiç başa çıkamıyorum
- Evet, bazen eskisi gibi başa çıkamıyorum
- Hayır, çoğu zaman oldukça iyi başa çıkıyorum
- Hayır, her zamanki gibi başa çıkıyorum

7. Öylesine mutsuzum ki uyumakta zorlanıyorum.

- Evet, çoğu zaman
- Evet, bazen
- Çok sık değil
- Hayır, hiçbir zaman

8. Kendimi üzüntülü ya da çok kötü hissediyorum.

- Evet, çoğu zaman
- Evet, oldukça sık
- Çok sık değil
- Hayır, hiçbir zaman

9. Öylesine mutsuzum ki ağlıyorum.

- Evet, çoğu zaman
- Evet, oldukça sık
- Çok seyrek
- Hayır, asla

10. Kendime zarar verme düşüncesinin aklıma geldiği oldu.

- Evet, oldukça sık
- Bazen
- Hemen hemen hiç
- Asla

© Engindeniz, A.N., Küey, L., & Kültür, S. (1996). Turkish version of the Edinburg Postpartum Depression Scale. Reliability and validity study. Spring Symposiums I book. Psychiatric Organization of Turkey, Ankara.

© The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – TURKISH)

The Turkish version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 12/13

A score of 13 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. This Turkish-EPDS version has been used in a number of prevalence and validation studies.
2. The prevalence of postnatal depression, using the recommended cut-off score of 12/13, is higher than found in other populations.
3. Items 3, 5, and 6 were difficult for some women to understand.
4. The clinical assessment is very important for Turkish women and may identify false negatives and false positives.

Based on information from one published validation study comparing the Turkish translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

TURKISH

Countries where Turkish is spoken:

- Bulgaria
- Cyprus
- Turkey

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – TURKISH)

Validation of the Turkish version of the Edinburgh Postnatal Depression Scale among women within their first postpartum year

Aydin, N., Inandi, T., Yigit, A. & Hodoglugil, N.N.S. (2004). Validation of the Turkish version of the Edinburgh Postnatal Depression Scale among women within their first postpartum year. *Social Psychiatry and Psychiatric Epidemiology*, 39, 483-486.⁵⁵

SUMMARY OF VALIDATION STUDY

A cut-off point of 12/13 was considered to be optimal for screening a population of Turkish women **up to twelve months postpartum**.

Study participants

Three hundred and forty-one Turkish women, with a mean age of 26.6 years (S.D. 4.8), were recruited from primary health care clinics in Erzurum, Turkey. Over half of the women (55.4%) had only a primary education and nearly 17% were illiterate or had no formal education. Another 29% of women had secondary education and only 9.5% had a tertiary education. Most women had two children.

Study design

Used the Turkish-EPDS version developed by Engindeniz et al in 1996⁵⁶. This version was translated, back-translated and piloted. It has been used in a number of Turkish studies on postnatal depression. This Turkish-EPDS version was compared with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) for major and minor depression.

Study findings

	Cut-off 9/10	Cut-off 10/11	Cut-off 11/12	Cut-off 12/13
Sensitivity	96%	89.8%	79.6%	75.5%
Specificity	47%	59.2%	65.8%	71.5%
Positive Predictive Value	23.3%	27%	28.1%	30.3%
Negative Predictive Value	98.5%	97.2%	95.0%	94.5%

The EPDS was shown to have good internal consistency (Cronbach's alpha, 0.76). The Turkish women had high EPDS scores resulting in a high overall mean score (10.8, S.D. 5.0) and a large proportion of women above the 11/12 cut off (35.8%). When the women were clinically assessed the prevalence of major and minor depression was only 14.4%. Another study (Ekuklu et al., 2004⁵⁷) also found a high prevalence of postnatal depression in Turkish women (40.4%) at a cut-off of 11/12.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – TURKISH)

There was no significant difference in mean EPDS score between women who completed the questionnaire during the first six months postpartum and the second six months postpartum.

The EPDS was found to be reliable and valid, however, a careful clinical assessment is required to confirm the presence of postnatal depression.



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – VIETNAMESE)

Họ tên: _____ Ngày : _____

Bạn cảm thấy thế nào?

Vì bạn vừa sinh cháu bé, nên chúng tôi muốn biết bạn cảm thấy thế nào. Xin gạch dưới câu trả lời nào phù hợp nhất với cảm giác của bạn trong 7 ngày qua, không phải chỉ hôm nay mà thôi. Sau đây là một thí dụ của câu trả lời:

Bạn có cảm thấy vui vẻ không?:

Vâng, rất thường xuyên

Vâng, thỉnh thoảng

Không, không được vui lắm

Không, không vui gì cả

Câu trả lời trên có nghĩa là: “Thỉnh thoảng tôi cảm thấy vui vẻ trong suốt tuần qua”.

Xin bạn trả lời những câu hỏi dưới đây theo cách chỉ dẫn trên.

Trong 7 ngày qua

1. Bạn vẫn có thể cười và thấy được phần hài hước của những chuyện khôi hài không?

Vẫn như trước

Bây giờ ít hơn trước

Chắc chắn là ít hơn trước

Không bao giờ như trước

2. Bạn có nhìn vào tương lai với niềm hân hoan/ vui vẻ không?:

Vẫn như trước

Ít hơn trước

Chắc chắn là ít hơn trước

Gần như không có

3. Bạn có tự đổ lỗi cho chính mình một cách quá đáng khi chuyện xảy ra không được như ý không?:

Rất thường xuyên

Thỉnh thoảng

Rất hiếm

Không bao giờ

4. Bạn có cảm thấy không yên tâm hay lo sợ một cách vô lý không?:

Không bao giờ

Rất hiếm

Thỉnh thoảng

Rất thường xuyên

5. Bạn có cảm thấy sợ sệt hay hoảng hốt một cách vô lý không?:
Vâng, nhiều lắm
Vâng, đôi khi.
Không, rất hiếm
Không khi nào.
6. Bạn có cảm thấy mọi việc xảy ra đều quá sức chịu đựng của mình hay không?:
Vâng, thường xuyên tôi không thể giải quyết được bất cứ việc gì
Vâng, thỉnh thoảng tôi không thể giải quyết được công việc như bình thường
Không, thường xuyên tôi cũng có thể giải quyết được công việc như bình thường
Không, tôi luôn luôn giải quyết công việc như bình thường
7. Bạn có cảm giác buồn đến mức khó ngủ không?:
Vâng, rất thường xuyên.
Vâng, thỉnh thoảng.
Không thường lắm.
Không khi nào.
8. Bạn có cảm thấy buồn hay khổ sở không?:
Vâng, rất thường xuyên.
Vâng, thỉnh thoảng.
Không thường lắm.
Không khi nào.
9. Bạn có quá u buồn đến độ thường hay khóc không?:
Vâng, hầu như lúc nào cũng vậy.
Vâng, rất thường.
Không, không thường lắm.
Không khi nào.
10. Bạn có bao giờ có ý nghĩ tự tử không?:
Vâng, rất thường.
Đôi khi.
Rất ít khi.
Không khi nào.

Xin cảm ơn bạn.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – VIETNAMESE)

The Vietnamese version of the EPDS is a reliable and valid screening tool for perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The translated Vietnamese Diagnostic Interview Schedule for Anxiety and Depression (DIS) was only able to identify very seriously depressed women. These Vietnamese women were not prepared to express their mood verbally to an interviewer. DIS should not be used as the sole criterion for major depression of Vietnamese women.
2. When the Vietnamese women completed the DIS, GHQ and/or Faces questionnaires, a cut-off of 9/10 was recommended.
3. The GHQ had slightly better psychometric properties to both the BDI and EPDS.

Based on information from two published validation study comparing the Vietnamese translated version of the Edinburgh Postnatal Depression Scale with other standard measures of depression/anxiety.

VIETNAMESE

Countries where Vietnamese is spoken:

- Vietnam

Disclaimer:

This list provides an indication only. It is not fully comprehensive of all languages or dialects and gives no indication as to the extent of the language spoken and/or read in these countries.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – VIETNAMESE)

Screening for postnatal depression in women of non-English speaking background

Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic.

Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney

Barnett, B., Matthey, S. & Gyaneshwar, R. (1999). Screening for postnatal depression in women of non-English speaking background. *Archives of Women's Mental Health*, 2, 67-74.⁵⁸

Matthey, S. & Barnett, B. (1997). Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic. In B. Ferguson & D. Barnes (Eds.), *Perspectives on transcultural mental health* (pp.77-82). Sydney: Transcultural Mental Health Centre.⁵⁹

Matthey, S. & Barnett, B. (1996). Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney. In I.H. Minas (Ed.), *Recent developments in mental health* (pp.164-170). Centre for Cultural Studies in Health, University of Melbourne: Melbourne.⁶⁰

SUMMARY OF VALIDATION STUDY

A cut-off point of 9/10 was considered to be optimal for screening a population of Vietnamese speaking women at **second trimester of pregnancy, six weeks postpartum** and **six months postpartum**.

Study participants

One hundred and thirteen women were recruited from antenatal clinics in South West Sydney, Australia and agreed to complete the antenatal assessments. By 6 months postpartum, there were 96 participants. The mean age of the Vietnamese women was 28 years. Nearly all women were married or defacto (99%) and 85% of the women were primiparous.

Study design

Used the Vietnamese-EPDS version developed with Ethnic Health Workers using a blind back-translation and Brislin methodology (Matthey et al., 1997). The Vietnamese-EPDS version was compared with the General Health Questionnaire-30

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – VIETNAMESE)

item (GHQ-30), Faces sheet Five faces scale, Social Support Questionnaire and Diagnostic Interview Schedule (DIS) for DSM-III-R major depression and anxiety. All assessments were administered antenatally, at 6 weeks and 6 months postpartum.

Study findings

Major depression at six weeks	Cut-off 9/10	Cut-off 14/15	Cut-off 15/16
Sensitivity	100%	100%	80%
Specificity	68.5%	94.4%	96.3%
Positive Predictive Value	12.8%	45.5%	50%

Using the EPDS, 31% of these Vietnamese women were above the cut-off score of 9/10 in the second trimester of pregnancy. This increased to 34.5% at 6 weeks postpartum but dropped to 25% by 6 months postpartum.

The level of DSM-III-R major depression for these Vietnamese women was found to be similar at 6 weeks and 6 months postpartum (4.4% and 3.1% respectively).

The level of DSM-III-R depression and anxiety for these Vietnamese women was 6.2% at 6 weeks postpartum and 6.2% at 6 months postpartum.

The researchers suggested that lower prevalence of depression and anxiety reported by the DIS (6.2%) compared with the EPDS (34.5%) for Vietnamese women could be possibly explained by cultural differences in reporting emotion symptoms. Culturally, it is socially undesirable for Vietnamese women to verbally report negative emotions. The researchers concluded that the DIS was not a useful diagnostic tool for this population.

This discrepancy in identification of depression altered the psychometric properties for the Vietnamese-EPDS. Although the study found a higher positive predictive value at the 14/15 cut-off, a lower cut-off is recommended because of the inaccuracy of the DIS measure.

Length of time in Australia was not significantly associated with EPDS for Vietnamese women, however women who had been in Australia less than one year had significantly lower scores than women who had been in Australia for more than three years ($p < 0.03$). Women who have poor relationships with their partners were significantly more likely to have high EPDS scores. Dissatisfaction with the relationship with the partner accounted for 21% of the variance in EPDS score which indicates that the women with poor relationships were more likely to be depressed.

The EPDS was acceptable to the women and a suitable screening instrument for postnatal distress and depression.

DEFINITION OF RESEARCH TERMS

Alpha ($p <$)	the probability that a statistically significant result is due to error instead of the independent variable.
Specifically	the probability that the results are incorrect. Traditionally the alpha level is set at 0.05, i.e. a 5% chance that the results are incorrect.
Convergent validity	the measure should be highly correlated with other valid measures of that trait.
Specifically	a person who has a high score on the EPDS, should also have high scores on other questionnaires that measure depression.
Cronbach's alpha	an average reliability coefficient for a set of items which is a indication of the measure's internal consistency. A large Cronbach's alpha coefficient (≥ 0.8) implies that the items in the measure are highly correlated.
Specifically	a person with depression should receive high scores on all questions which aim to measure depression within the questionnaire
External validity	the extent to which the results of a research study can be <u>generalised</u> to different populations, setting and conditions.
Specifically	results from studies with small and biased samples are unlikely to be applicable to the cultural groups in Western Australia.
False negatives	a measure reports a negative result for a disorder when, in fact, it is present in that participant.
Specifically	when a participant receives a score on the EPDS which is below the cut off but the person is actually depressed.

DEFINITION OF RESEARCH TERMS

Internal validity	the degree to which differences in performance can be attributed unambiguously to an effect of an independent variable, as opposed to an effect of some other (uncontrolled) variable.
Specifically	high scores on the EPDS can be attributed unambiguously to the presence of depressed mood or depression and not to some other (uncontrolled) variable such as schizophrenia.
Inter-rater reliability	the degree to which an assessment yields similar results for the same individual at the same time with more than one rater.
Specifically	two different people who mark the results of an EPDS questionnaire draw the same conclusion about the participant's overall score.
Mean	the arithmetic average, computed by adding up all scores and dividing that total number by the number of participants
Specifically	the average EPDS score for a given group (depressed/non-depressed).
Negative Predictive Value (NPV)	the probability that the participant will not have the condition when restricted to all participants who tested negative.
Specifically	the probability that a person is not depressed when they have scored below the cut off on the EPDS
Pearson's correlation coefficient	an estimate of the magnitude and direction of the linear relationship between two variables.
Specifically	a large positive correlation means that more severe depression will result in a higher EPDS score.

DEFINITION OF RESEARCH TERMS

Positive Predictive Value (PPV)	the probability that the participant will have the condition when restricted to all participants who test positive.
Specifically	the probability that a person is depressed when they have scored above the cut off on the EPDS.
Prevalence	an indication of the extent of a condition in a population at a given point in time.
Specifically	the number of people in the wider community who are likely to be experiencing postnatal depression.
Receiver Operating Characteristic (ROC)	a graphical depiction of the relationship between the true positive ratio (sensitivity) and false positive ratio (1-specificity) as a function of the cut off level for a condition. ROC curves help to demonstrate how raising or lowering the cut off point for defining a positive test result affects tradeoffs between correctly identifying people with a disease (true positives) and incorrectly labelling a person as positive who does not have the condition (false positives).
Specifically	the technique is used to ensure that the EPDS cut off which is selected is the most appropriate for the cultural group.
Reliability	extent to which a measurement instrument yields consistent, stable, and uniform results over repeated observations or measurements under the same conditions
Specifically	the EPDS is unreliable if it is used two times in two days and gets two significantly different scores
Sensitivity	the ability of a test to detect a condition when it is present
Specifically	the likelihood that a person with depression will be detected when they complete the EPDS

DEFINITION OF RESEARCH TERMS

Specificity	the ability of a test to exclude the presence of a condition when it is truly not present
Specifically	the likelihood that a person without depression will be detected when they complete the EPDS
Split-half reliability	a coefficient obtained by dividing a test into halves, correlating the scores on each half, and then correcting for length using the Spearman-Brown formula.
Specifically	all questions on the EPDS can reliably measure depression.
Standard deviation	is a statistical measure of spread or variability.
Specifically	the majority of the participants received scores within one standard deviation from the mean.
Test-retest reliability	the degree to which an assessment yields similar results from one testing occasion to another in the absence of intervening growth or instruction.
Specifically	a person with depression will score above the EPDS cut off every time that they are measured.
T-Test	used to evaluate the difference between the means of two independent groups.
Specifically	does the mean EPDS score for non-depressed women differ significantly from the mean EPDS score for depressed women.
Validity	the instrument is accurately measuring the desired construct
Specifically	the EPDS measures depression, nothing else, such as obsessive compulsive disorder

ABBREVIATIONS

AUC ROC	Area Under Circle Receiver Operating Characteristic
BDI	Beck Depression Inventory (Beck et al, 1961) ⁶¹
Brislin methodology	Techniques for eliminating translation related problems in the development of cross-cultural measures. Brislin proposes using of a combination of methods including decision-making through a process of joint consensus after discussion about meanings of words with people who are bilingual.
CES-D	Center for Epidemiologic Studies – Depression scale (Radloff, 1977) ⁶²
CIDI	Composite International Diagnostic Interview Schedule CIDI-Auto 2.1 (WHO, 1997) ⁶³
CIDIS	Composite International Diagnostic Interview Schedule (WHO, 1994) ⁶⁴
CIS-R	Revised version of the Clinical Interview Schedule (Lewis et al, 1992) ⁶⁵
CGI	General Clinical Impression Scale (Guy, 1976) ⁶⁶
CPRS-D	Comprehensive Psychopathological Rating Scale (Montgomery et al, 1978)
Crown-Crisp Experimental Index	Crown-Crisp Experimental Index (CCEI) (Crown & Crisp, 1978) ⁶⁷
DIS	Diagnostic Interview Schedule (Robins et al, 1981) ⁶⁸
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders III (American Psychiatric Association, 1987) ⁶⁹
DSM-IV	Diagnostic and Statistical Manual of Disorders 4 th Edition
EPDS	Edinburgh Postnatal Depression Scale
Faces sheet Five faces Scale	Five Faces Scale (Wong & Baker, 1988) ⁷⁰
GHQ-28	General Health Questionnaire-28 item (Goldberg & Hillier, 1979) ⁷¹
GHQ-30	General Health Questionnaire-30 item (Goldberg, 1978) ⁷²
HADS	Hospital Anxiety and Depression Rating Scale (Zigmond & Snaith, 1983) ⁷³
HAMD/HDRS	Hamilton Rating Scale for Depression (Hamilton, 1960) ⁷⁴

ABBREVIATIONS

ICD-10	International Classification of Disease (World Health Organization, 1992) ⁷⁵
LES	Life Event Scale (Brugha et al, 1985) ⁷⁶
MADRS	Montgomery-Asberg Depression Rating Scale (Montgomery & Asberg, 1984) ⁷⁷
Maternity Blues Scale	Maternity Blues Scale (Stein, 1980) ⁷⁸
MINI	Mini International Neuropsychiatric Interview (Sheehan et al, 1997) ⁷⁹
MINI (French version)	Mini International Neuropsychiatric Interview (French version) Lecrubier, Y. et al, 1997)
PAS	Psychiatric Assessment Schedule (Dean et al, 1983) ⁸⁰
Pitt Scale	Pitt Scale (Pitt, 1968) ⁸¹
PRIME-MD	Primary Care Evaluation of Mental Disorders (Spitzer et al, 1994) ⁸²
PSE	Present State Examination (Wing et al, 1974) ⁸³
PSE-10	Present State Examination (Wing et al, 1973) ⁸⁴
RDC	Research Diagnostic Criteria (Spitzer et al, 1978) ⁸⁵
SADS	Schedule for Affective Disorders and Schizophrenia (Spitzer et al, 1978) ⁸⁶
SCID	Structured Clinical Interview for DSM-III-R (Spitzer et al, 1992) ⁸⁷
SCL-25	Hopkins Symptom Check List (Derogatis et al, 1973, 1977) ⁸⁸
SCL90-D	Symptom Check List (Derogatis et al, 1973, 1977) ⁸⁹
SDS	Self Rating Depression Scale (Zung, 1965) ⁹⁰
SIGH-D	Structured Interview Guide for the Hamilton Depression Rating Scale (Williams, 1988) ⁹¹
STAI	State-Trait Anxiety Inventory (Spielberger et al, 1970) ⁹²
VAS	Visual Analogic Scale (Norris, 1971) ⁹³
VROPSOM	Dutch version of Depressive Adjective Check List (DACL, Lubin, 1977) ⁹⁴
Zung	Zung self-rating depression scale (SDS) (German version) – Collegium-Internationale-Psychiatriae-Scalarum, eds. Selbstbeurteilungen Depressions-Skala. Weinheim: Beltz Test GmbH, 1986.) ⁹⁵
ZDS	Zung self rating depression scale (Nigerian version)

REFERENCES – ALPHABETICAL INDEX

- Adouard, F., Glangeaud-Freudenthal, N.N.C. & Golse, B. (2005). Validation of the Edinburgh postnatal depression scale (EPDS) in a sample of women with high-risk pregnancies in France. *Archives of Women's Mental Health*, 8(2), 89-95.
- Agoub, M., Moussaoui, D. & Battas, O. (2005). Prevalence of postpartum depression in a Moroccan sample. *Archives of Women's Mental Health*, 8(1), 37-43.
- Alvarado, R., Vera, A., Rojas, M., Olca, E., Monardes, J., Neves, E. (1992). La Escala de Edinburgo para la detección de cuadros depresivos en el postparto. *Rev Psiquiat*, 3-4, 1177-1181. Cited in another study published in Spanish.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders – DSM-III-R*. Washington: American Psychiatric Press.
- Areias, M.E.G., Kumar, R., Barros, H. & Figueiredo, E. (1996). Comparative incidence of depression in women and men, during pregnancy and after childbirth: Validation of the Edinburgh Postnatal Depression Scale in Portuguese mothers. *British Journal of Psychiatry*, 169, 30-35.
- Ascaso Terren, C., Garcia Esteve, L., Navarro, P., Aguado, J., Ojuel, J. & Tarragona, M.J. (2003). Prevalence of postpartum depression in Spanish mothers: comparison of estimation by mean of the structured clinical interview for DSM-IV with the Edinburgh Postnatal Depression Scale. *Medicina Clinica (Barc)*, 120(9), 326-329 (in Spanish with English abstract).
- Aydin, N., Inandi, T., Yigit, A. & Hodoglugil, N.N.S. (2004). Validation of the Turkish version of the Edinburgh Postnatal Depression Scale among women within their first postpartum year. *Social Psychiatry and Psychiatric Epidemiology*, 39, 483-486.
- Bagedahl-Strindlund, M., & Monsen Borjesson, K. (1998). Postnatal depression: A hidden illness. *Acta Psychiatrica Scandinavica*, 98, 272-275.
- Barnett, B., Matthey, S. & Gyaneshwar, R. (1999). Screening for postnatal depression in women of non-English speaking background. *Archives of Women's Mental Health*, 2, 67-74.
- Beck, A.T., Ward, C.H. & Mendelson, M. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Benvenuti, P., Ferrara, M., Niccolai, C., Valoriani, V. & Cox, J.L. (1999). The Edinburgh Postnatal Depression Scale: validation for an Italian sample. *Journal of Affective Disorders*, 53, 137-141.
- Bergant, A.M., Nguyen, T., Heim, K., Ulmer, H. & Dapunt, O. (1998). German language version and validation of the Edinburgh postnatal depression scale. *Deutsche Medizinische Wochenschrift*, 123(3), 35-40 (in German with English abstract).
- Berle, J.O., Aarre, T.F., Mykletun, A., Dahl, A.A. & Holsten, F. (2003). Screening for postnatal depression: Validation of the Norwegian version of the Edinburgh Postnatal Depression Scale, and assessment of risk factors for postnatal depression. *Journal of Affective Disorders*, 76, 151-156.
- Brouwers, E.P.M., van Baar, A.L. & Pop, V.J.M. (2001). Does the Edinburgh Postnatal Depression Scale measure anxiety? *Journal of Psychosomatic Research*, 51, 659-663.
- Brugha, T., Bebbington, P., Tennant, C. & Hurry, J. (1985). The list of threatening experiences: a subset of 12 life event categories with considerable long-term contextual threat. *Psychological Medicine*, 15, 189-194.
- Carpiniello, B., Pariante, C. M., Serri, F., Costa, G. & Carta, M.G. (1997). Validation of the Edinburgh Postnatal Depression Scale in Italy. *Journal of Psychosomatic Obstetrics and Gynaecology*, 18, 280-285.
- Clifford, C., Day, A. & Cox, J. (1997). Developing the use of the EPDS in Punjabi-speaking community. *British Journal of Midwifery*, 5, 616-619.
- Clifford, C., Day, A., Cox, J. & Werrett, J. (1999). A cross-cultural analysis of the use of the Edinburgh Post-natal Depression Scale (EPDS) in health visiting practice. *Journal of Advanced Nursing*, 30(3), 655-664.

REFERENCES – ALPHABETICAL INDEX

- Cox, J. & Holden, J. (1994). *Perinatal psychiatry: Use and misuse of the Edinburgh Postnatal Depression Scale*. The Royal College of Psychiatrists, UK: Gaskell.
- Cox, J. & Holden, J. (2003). *Perinatal mental health: A guide to the Edinburgh Postnatal Depression Scale*. The Royal College of Psychiatrists, UK: Gaskell.
- Crown, S. & Crisp, A. (1978). *Manual of the Crown-Crisp Experimental Index*. London: Hodder & Stoughton.
- Da-Silva, V.A., Moraes-Santos, A.R., Carvalho, M.S., Martins, M.L.P. & Teixeira, N.A. (1998). Prenatal and postnatal depression among low income Brazilian women. *Brazilian Journal of Medical and Biological Research*, 31, 799-804.
- Dean, C., Surtees, P.G. & Sashidharan, S.P. (1983). Comparison of Research Diagnostic Systems in an Edinburgh community sample. *British Journal of Psychiatry*, 142, 247-256.
- Derogatis, L.R. & Cleary, P.A. (1977). Confirmation of the dimensional structure of the SCL-90: a study in construct validation. *Journal of Clinical Psychiatry*, 33, 981-989.
- Derogatis, L.R., Lipman, R.S. & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale – preliminary report. *Psychopharmacology Bulletin*, 9, 13-28.
- Eberhard-Gran, M., Eskild, A., Tambs, K., Schei, B. & Opjordsmoens, S. (2001). The Edinburgh Postnatal Depression Scale: validation in a Norwegian community sample. *Nordic Journal of Psychiatry*, 55(2), 113-117.
- Eberhard-Gran, M., Tambs, K., Opjordsmoen, S., Skrondal, A. & Eskild, A. (2004). Depression during pregnancy and after delivery: A repeated measurement study. *Journal of Psychosomatic Obstetrics and Gynecology*, 25, 15-21.
- Ekuklu, G., Tokuc, B., Eskiocak, M., Berberoglu, U. & Saltik, A. (2004). Prevalence of postpartum depression in Edirne, Turkey, and related factors. *Journal of Reproductive Medicine*, 49(11), 908-914.
- Endindeniz, A.N., Kuey, L., Kultur, S. (1996). Turkish version of the Edinburgh Postnatal Depression Scale. Reliability and validity study. *Spring Symposiums I Book*. Psychiatric Organisation of Turkey, Ankara.
- Felice, E., Saliba, J., Grech, V., & Cox, J. (2005). Validation of the Maltese version of the Edinburgh Postnatal Depression Scale. *Archives of Women's Mental Health*, DOI 10.1007/S00737-005-0099-3.
- Garcia-Esteve, L., Ascaso, C., Ojuel, J. & Navarro, P. (2003). Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *Journal of Affective Disorders*, 75, 71-76.
- Ghubash, R., Abou-Saleh, M.T. & Daradkeh, T.K. (1997). The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry and Psychiatric Epidemiology*, 32, 474-476.
- Goldberg, D.P. & Hillier, V.F. (1979). A scale version of the General Health Questionnaire. *Psychological Medicine*, 9, 139-145.
- Goldberg, D.P. (1978). *The manual of the General Health Questionnaire*. National Foundation for Educational Research, Nelson: Windsor.
- Guedeney, N. & Fermanian, J. (1998). Validation study of the French version of the Edinburgh Postnatal Depression Scale (EPDS): new results about use and psychometric properties. *European Psychiatry*, 13, 83-89.
- Guedeney, N., Fermanian, J., Guelfi, J.D. & Kumar, R.C. (2000). The Edinburgh Postnatal Depression Scale (EPDS) and the detection of major depressive disorders in early postpartum: some concerns about false negatives. *Journal of Affective Disorders*, 61, 107-112.
- Guy, W. (1976). Clinical global impression. In Early Clinical Drug Evaluation Unit (ECDU) in National Institute of Mental Health (Eds.), *Assessment Manual for Psychopharmacology*. Rockville, MD.
- Hamilton, M. (1960). Rating Scale for Depression. *Journal of Neurology, Neurosurgery and Psychiatry*, 23, 56-61.

REFERENCES – ALPHABETICAL INDEX

- Harris, B., Huckle, P. & Thomas, R. (1989). The use of rating scales to identify postnatal depression. *British Journal of Psychiatry*, 154, 813-817.
- Heh, S.S. (2001). Validation of the Chinese version of the Edinburgh Postnatal Depression Scale: detecting postnatal depression in Taiwanese women. *Hu Li Yan Jiu*, 9(2), 105-113.
- Jadresic, E., Araya, R. & Jara, C. (1995). Validation of the Edinburgh postnatal depression scale (EPDS) in Chilean postpartum women. *Journal of Psychosomatic Obstetrics and Gynecology*, 16, 187-191.
- Lawrie, T.A., Hofmeyr, G.J., de Jager, M. & Berk, M. (1998). Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. *South African Medical Journal*, 88(10), 1340–1344.
- Lee, D.T.S., Wong, C.K., Ungvari, G.S., Cheung, L.P., Haines, C.J. & Chung, T.K.H. (1997). Screening psychiatric morbidity after miscarriage: application of the 30-item General Health Questionnaire and the Edinburgh Postnatal Depression Scale. *Psychosomatic Medicine*, 59, 207-210.
- Lee, D.T.S., Yip, A.S.K., Chan, S.S.M., Tsui, M.H.Y., Wong, W.S. & Chung, T.K.H. (2003). Postdelivery screening for postpartum depression. *Psychosomatic Medicine*, 65, 357-361.
- Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K. & Chung, T.K.H. (2000). Screening for postnatal depression using the double-test strategy. *Psychosomatic Medicine*, 62, 258-263.
- Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K., Leung, T.Y.S. & Chung, T.K.H. (2001). Screening for postnatal depression: are specific instruments mandatory? *Journal of Affective Disorders*, 63, 233-238.
- Lee, D.T.S., Yip, S.K., Chui, H.F.K., Leung, T.Y.S., Chan, K.P.M., Chau, I.O.L., Leung, H.C.M. & Chung, T.K.H. (1998). Detecting postnatal depression in Chinese women: Validation of the Chinese version of the Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 172, 433-437.
- Lewis, L., Pelosi, A., Araya, R. & Dunn, G. (1992). Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers. *Psychological Medicine*, 22, 465-486.
- Lubin, B. (1977). Manual for the Depression Adjective Checklist. *Journal of Abnormal Psychology*, 86, 379-388.
- Lundh, W. & Gyllang, C. (1993). Use of the Edinburgh Postnatal Depression Scale in some Swedish Child Health Care Centres. *Scandinavian Journal of Caring Sciences*, 7, 149-154.
- Matthey, S. & Barnett, B. (1996). Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney. In I.H. Minas (Ed.), *Recent developments in mental health* (pp. 164-170). Melbourne: Centre for Cultural Studies in Health, University of Melbourne.
- Matthey, S. & Barnett, B. (1997). Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic. In B. Ferguson & D. Barnes (Eds.), *Perspectives on transcultural mental health* (pp.77-84). Sydney: Transcultural Mental Health Centre.
- Montgomery, S.A. & Asberg, M. (1984). A new depression scale designed to be sensitive to change. *British Journal of Psychiatry*, 144, 35-47.
- Muzik, M., Klier, C. M., Rosenblum, K. L., Holzinger, A., Umek, W. & Katschnig, H. (2000). Are commonly used self-report inventories suitable for screening postpartum depression and anxiety disorders? *Acta Psychiatrica Scandinavica*, 102(1), 71-73.
- Norris, H. (1971). The action of sedatives on brain stem oculomotor systems in man. *Neuropharmacology*, 10, 181-191.
- Okano, T., Murata, M., Masuji, F., Tamaki, R., Nomura, J., Miyaoka, H., & Kitamura, T. (1996). Validation and reliability of a Japanese version of EPDS. *Archives of Psychiatric Diagnosis and*
- Okano, T., Nagata, S., Hasegawa, M., Nomura, J. & Kumar, R. (1998). Effectiveness of antenatal education about postnatal depression: a comparison of two groups of Japanese mothers. *Journal of Mental Health (UK)*, 7, 191-198.

REFERENCES – ALPHABETICAL INDEX

- Okano, T., Sugiyama, T., & Nishiguchi, H. (2005). Screening for postnatal depression: validation of the EPDS and intervention period in Japanese health care system. Posted at *The Australasian Marce Society 2005 Conference*; Melbourne, Victoria.
- Pitt, B. (1968). Atypical depression following childbirth. *British Journal of Psychiatry*, 114, 1325-1335.
- Pop, V.J., Komproe, I.H. & van Son, M.J. (1992). Characteristics of the Edinburgh Post Natal Depression Scale in the Netherlands. *Journal of Affective Disorders*, 26, 105-110.
- Radloff, L.S. (1977). The Center for Epidemiologic Studies – Depression Scale (CES-D); a self report depression scale for research in the general population. *Applied Psychological Measurements*, 1, 385-401.
- Robins, L.N., Helzer, J.E., Croughan, J. & Ratcli, K.S. (1981). National institute of mental health diagnostic interview schedule. Its history characteristics and validity. *Archives of General Psychiatry*, 38, 381-389.
- Rushidi, W.M.W.M. & Mohamed, M.N. (2003). Revalidation of the Malay version of the Edinburgh Postnatal Depression Scale (EPDS) among Malay postpartum women attending the Bakar Bata Health Centre in Alor Setar, Kedah, North West of Peninsular Malaysia. *Malaysian Journal of Medical Sciences*, 10 (2), 71- 75.
- Rushidi, W.M.W.M., Azidah, A.K., Shaiful, B.I., & Jamil, M.Y. (2002). Validation study of the Edinburgh Postnatal Depression Scale (EPDS). *Malaysian Journal of Psychiatry*, 10, 44-49.
- Sheehan, D.V., Lecrubier, Y., Harnett-Sheehan, K., Janavs, J., et al. (1997). The validity of the Mini Neuropsychiatric Interview According to the SCID-P and its reliability. *European Psychiatry*, 12, 232-241.
- Speilberger, C.D., Gorsuch, R.L. & Lushene, R.E. (1970). *STAI manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Spitzer, R., Endicott, J. & Robins, E. (1978). Research Diagnostic Criteria: Rationale and Reliability. *Archives of General Psychiatry*, 35, 773-782.
- Spitzer, R.L., Williams, J.B., Gibbon, M., et al (1992). The Structured Clinical Interview for DSM-III-R (SCID): I history, rationale and description. *Archives of General Psychiatry*, 49, 624-629.
- Spitzer, R.L., Williams, J.B., Kroenke, K., Linzer, M., deGruy, F.V., Hahn, S.R., et al. (1994). Utility of a new procedure for diagnosing mental disorders in primary care. The PRIME-MD 1000 study. *Journal of the American Medical Association*, 272, 1749-1756.
- Stein, G. (1980). The pattern of mental change and body weight change in the first postpartum week. *Journal of Psychosomatic Research*, 24, 165-171.
- Teissedre, F. & Chabrol, H. (2004). A study on the Edinburgh Postnatal Depression Scale (EPDS) on 859 mothers: detection of mothers at risk for postpartum depression. *Encephale*, 30(4), 376-381 (in French with English abstract).
- Teissèdre, F. & Chabrol, H. (2004). Detecting women at risk for postnatal depression using the Edinburgh Postnatal Depression Scale at 2 to 3 days postpartum. *Canadian Journal of Psychiatry*, 49 (1), 51-54.
- Teng, H.W., Hsu, C.S., Shih, S.M., Lu, M.L. Pan, J.J., & Shen, W.W. (2005). Screening postpartum depression with the Taiwanese version of the Edinburgh Postnatal Depression Scale. *Comprehensive Psychiatry*, 46, 261-265.
- Uwakwe, R. (2003). Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh postnatal depression scale. *Acta psychiatrica Scandinavica*, 107, 251-259.
- Vega-Dienstmaier, J.M., Mazzotti Suarez G. & Campos Sanchez, M. (2002). Validation of a Spanish version of the Edinburgh Postnatal Depression Scale. *Actas Espanolas de Psiquiatria*, 30(2), 106-111.
- Wickberg, B. & Hwang, C. P. (1996). The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample, *Acta Psychiatrica Scandinavica*, 94, 181-184.

REFERENCES – ALPHABETICAL INDEX

- Williams, J.B. (1988). A structured interview guide for the Hamilton Depression Rating Scale. *Archives of General Psychiatry*, 45(8), 742-747.
- Wing, J.K., Cooper, J.E. & Sartorius, N. (1973). *Present State Examination*. Cambridge: Cambridge University Press.
- Wing, J.K., Cooper, J.E. & Sartorius, N. (1974). Measurement and classification of psychiatric symptoms. Cambridge University Press, Cambridge.
- Wong, D. & Baker, C. (1988). Pain in children: comparison of assessment scales. *Pediatric Nursing*, 14(1), 9-17.
- World Health Organization. (1992). *The International Classification of Disease (ICD-10): Classification of mental and behavioral disorders. Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.
- World Health Organization. (1994). ICD—10 Symptom Checklist for Mental Disorders, Version 1.1. Geneva: WHO.
- World Health Organization. (1997). Composite International Diagnostic Interview: CIDI-Auto 2.1. Administer's Guide and Reference. Geneva: WHO.
- Yamashita, H. & Yoshida, K. (2003). Screening and intervention for depressive mothers of new-born infants. *Seishin Shinkeigaku Zasshi*, 105(9), 1129-1135 (in Japanese with English abstract).
- Yamashita, H., Yoshida, K., Nakano, H., & Tashira, N. (2000). Postnatal depression in Japanese women. Detecting the early onset of postnatal depression by closely monitoring the postpartum mood. *Journal of Affective Disorders*, 58, 145-154.
- Yoshida, K., Marks, M.N., Kibe, N., Kumar, R., Nakano, H. & Tashiro, N. (1997). Postnatal depression in Japanese women who have given birth in England. *Journal of Affective Disorders*, 43, 69-77.
- Yoshida, K., Yamashita, H., Ueda, M., & Tashiro, N. (2001). Postnatal depression in Japanese mothers and the reconsideration of 'Satogaeri bunben'. *Pediatrics International*, 43, 189-193.
- Zigmond, A.S. & Snaith, R.P. (1983). The Hospital Anxiety Depression Rating Scale. *Acta Psychiatrica Scandinavica*, 67, 361.
- Zung self-rating depression scale (SDS) (German version) – Collegium-Internationale-Psychiatriae-Scalarum, (Eds.) Selbstbeurteilungss Depressionen-Skala. Weinheim: Beltz Test GmbH, 1986.)
- Zung, W.W. (1965). A self rating Depression Scale. *Archives of General Psychiatry*, 12, 63-70. Clinical Evaluation, 7(4), 525-533.

REFERENCES

- ¹ Ghubash, R., Abou-Saleh, M.T. & Daradkeh, T.K. (1997). The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry and Psychiatric Epidemiology*, 32, 474-476.
- ² Barnett, B., Matthey, S. & Gyaneshwar, R. (1999). Screening for postnatal depression in women of non-English speaking background. *Archives of Women's Mental Health*, 2, 67-74.
- ³ Matthey, S. & Barnett, B. (1997). Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic. In B. Ferguson & D. Barnes (Eds.), *Perspectives on transcultural mental health* (pp.77-84). Sydney: Transcultural Mental Health Centre.
- ⁴ Matthey, S. & Barnett, B. (1996). Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney. In I.H. Minas (Ed.), *Recent developments in mental health* (pp. 164-170). Melbourne: Centre for Cultural Studies in Health, University of Melbourne.
- ⁵ Agoub, M., Moussaoui, D. & Battas, O. (2005). Prevalence of postpartum depression in a Moroccan sample. *Archives of Women's Mental Health*, 8(1), 37-43.
- ⁶ Lee, D.T.S., Wong, C.K., Ungvari, G.S., Cheung, L.P., Haines, C.J. & Chung, T.K.H. (1997). Screening psychiatric morbidity after miscarriage: application of the 30-item General Health Questionnaire and the Edinburgh Postnatal Depression Scale. *Psychosomatic Medicine*, 59, 207-210.
- ⁷ Lee, D.T.S., Yip, S.K., Chui, H.F.K., Leung, T.Y.S., Chan, K.P.M., Chau, I.O.L., Leung, H.C.M. & Chung, T.K.H. (1998). Detecting postnatal depression in Chinese women: Validation of the Chinese version of the Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 172, 433-437.
- ⁸ Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K. & Chung, T.K.H. (2000). Screening for postnatal depression using the double-test strategy. *Psychosomatic Medicine*, 62, 258-263.
- ⁹ Lee, D.T.S., Yip, A.S.K., Chiu, H.F.K., Leung, T.Y.S. & Chung, T.K.H. (2001). Screening for postnatal depression: are specific instruments mandatory? *Journal of Affective Disorders*, 63, 233-238.
- ¹⁰ Heh, S.S. (2001). Validation of the Chinese version of the Edinburgh Postnatal Depression Scale: detecting postnatal depression in Taiwanese women. *Hu Li Yan Jiu*, 9(2), 105-113.
- ¹¹ Lee, D.T.S., Yip, A.S.K., Chan, S.S.M., Tsui, M.H.Y., Wong, W.S. & Chung, T.K.H. (2003). Postdelivery screening for postpartum depression. *Psychosomatic Medicine*, 65, 357-361.
- ¹² Teng, H.W., Hsu, C.S., Shih, S.M., Lu, M.L. Pan, J.J., & Shen, W.W. (2005). Screening postpartum depression with the Taiwanese version of the Edinburgh Postnatal Depression Scale. *Comprehensive Psychiatry*, 46, 261-265.
- ¹³ Pop, V.J., Komproe, I.H. & van Son, M.J. (1992). Characteristics of the Edinburgh Post Natal Depression Scale in the Netherlands. *Journal of Affective Disorders*, 26, 105-110.
- ¹⁴ Brouwers, E.P.M., van Baar, A.L. & Pop, V.J.M. (2001). Does the Edinburgh Postnatal Depression Scale measure anxiety? *Journal of Psychosomatic Research*, 51, 659-663.
- ¹⁵ Guedeney, N. & Fermanian, J. (1998). Validation study of the French version of the Edinburgh Postnatal Depression Scale (EPDS): new results about use and psychometric properties. *European Psychiatry*, 13, 83-89.
- ¹⁶ Guedeney, N., Fermanian, J., Guelfi, J.D. & Kumar, R.C. (2000). The Edinburgh Postnatal Depression Scale (EPDS) and the detection of major depressive disorders in early postpartum: some concerns about false negatives. *Journal of Affective Disorders*, 61, 107-112.
- ¹⁷ Harris, B., Huckle, P. & Thomas, R. (1989). The use of rating scales to identify postnatal depression. *British Journal of Psychiatry*, 154, 813-817.
- ¹⁸ Wickberg, B. & Hwang, C. P. (1996). The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample, *Acta Psychiatrica Scandinavica*, 94, 181-184.
- ¹⁹ Yoshida, K., Marks, M.N., Kibe, N., Kumar, R., Nakano, H. & Tashiro, N. (1997). Postnatal depression in Japanese women who have given birth in England. *Journal of Affective Disorders*, 43, 69-77.
- ²⁰ Teissèdre, F. & Chabrol, H. (2004). Detecting women at risk for postnatal depression using the Edinburgh Postnatal Depression Scale at 2 to 3 days postpartum. *Canadian Journal of Psychiatry*, 49 (1), 51-54.

- ²¹ Teissedre, F. & Chabrol, H. (2004). A study on the Edinburgh Postnatal Depression Scale (EPDS) on 859 mothers: detection of mothers at risk for postpartum depression. *Encephale*, 30(4), 376-381 (in French with English abstract).
- ²² Adouard, F., Glangeaud-Freudenthal, N.N.C. & Golse, B. (2005). Validation of the Edinburgh postnatal depression scale (EPDS) in a sample of women with high-risk pregnancies in France. *Archives of Women's Mental Health*, 8(2), 89-95.
- ²³ Bergant, A.M., Nguyen, T., Heim, K., Ulmer, H. & Dapunt, O. (1998). German language version and validation of the Edinburgh postnatal depression scale. *Deutsche Medizinische Wochenschrift*, 123(3), 35-40 (in German with English abstract).
- ²⁴ Muzik, M., Klier, C. M., Rosenblum, K. L., Holzinger, A., Umek, W. & Katschnig, H. (2000). Are commonly used self-report inventories suitable for screening postpartum depression and anxiety disorders? *Acta Psychiatrica Scandinavica*, 102(1), 71-73.
- ²⁵ Uwakwe, R. (2003). Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh postnatal depression scale. *Acta psychiatrica Scandinavica*, 107, 251-259.
- ²⁶ Carpiello, B., Pariante, C. M., Serri, F., Costa, G. & Carta, M.G. (1997). Validation of the Edinburgh Postnatal Depression Scale in Italy. *Journal of Psychosomatic Obstetrics and Gynaecology*, 18, 280-285.
- ²⁷ Benvenuti, P., Ferrara, M., Niccolai, C., Valoriani, V. & Cox, J.L. (1999). The Edinburgh Postnatal Depression Scale: validation for an Italian sample. *Journal of Affective Disorders*, 53, 137-141.
- ²⁸ Okano, T., Murata, M., Masuji, F., Tamaki, R., Nomura, J., Miyaoka, H., & Kitamura, T. (1996). Validation and reliability of a Japanese version of EPDS. *Archives of Psychiatric Diagnosis and Clinical Evaluation*, 7(4), 525-533.
- ²⁹ Okano, T., Nagata, S., Hasegawa, M., Nomura, J. & Kumar, R. (1998). Effectiveness of antenatal education about postnatal depression: a comparison of two groups of Japanese mothers. *Journal of Mental Health (UK)*, 7, 191-198.
- ³⁰ Yoshida, K., Marks, M.N., Kibe, N., Kumar, R., Nakano, H. & Tashiro, N. (1997). Postnatal depression in Japanese women who have given birth in England. *Journal of Affective Disorders*, 43, 69-77.
- ³¹ Yoshida, K., Yamashita, H., Ueda, M., & Tashiro, N. (2001). Postnatal depression in Japanese mothers and the reconsideration of 'Satogaeri bunben'. *Pediatrics International*, 43, 189-193.
- ³² Yamashita, H., Yoshida, K., Nakano, H., & Tashira, N. (2000). Postnatal depression in Japanese women. Detecting the early onset of postnatal depression by closely monitoring the postpartum mood. *Journal of Affective Disorders*, 58, 145-154.
- ³³ Yamashita, H. & Yoshida, K. (2003). Screening and intervention for depressive mothers of newborn infants. *Seishin Shinkeigaku Zasshi*, 105(9), 1129-1135 (in Japanese with English abstract).
- ³⁴ Guedeney, N., Fermanian, J., Guelfi, J.D. & Kumar, R.C. (2000). The Edinburgh Postnatal Depression Scale (EPDS) and the detection of major depressive disorders in early postpartum: some concerns about false negatives. *Journal of Affective Disorders*, 61, 107-112.
- ³⁵ Okano, T., Sugiyama, T., & Nishiguchi, H. (2005). Screening for postnatal depression: validation of the EPDS and intervention period in Japanese health care system. Posted at *The Australasian Marce Society 2005 Conference*; Melbourne, Victoria.
- ³⁶ Rushidi, W.M.W.M. & Mohamed, M.N. (2003). Revalidation of the Malay version of the Edinburgh Postnatal Depression Scale (EPDS) among Malay postpartum women attending the Bakar Bata Health Centre in Alor Setar, Kedah, North West of Peninsular Malaysia. *Malaysian Journal of Medical Sciences*, 10 (2), 71- 75.
- ³⁷ Rushidi, W.M.W.M., Azidah, A.K., Shaiful, B.I., & Jamil, M.Y. (2002). Validation study of the Edinburgh Postnatal Depression Scale (EPDS). *Malaysian Journal of Psychiatry*, 10, 44-49.
- ³⁸ Felice, E., Saliba, J., Grech, V., & Cox, J. (2005). Validation of the Maltese version of the Edinburgh Postnatal Depression Scale. *Archives of Women's Mental Health*, DOI 10.1007/S00737-005-0099-3.
- ³⁹ Eberhard-Gran, M., Eskild, A., Tambs, K., Schei, B. & Opjordsmoens, S. (2001). The Edinburgh Postnatal Depression Scale: validation in a Norwegian community sample. *Nordic Journal of Psychiatry*, 55(2), 113-117.
- ⁴⁰ Berle, J.O., Aarre, T.F., Mykletun, A., Dahl, A.A. & Holsten, F. (2003). Screening for postnatal depression: Validation of the Norwegian version of the Edinburgh Postnatal Depression Scale, and assessment of risk factors for postnatal depression. *Journal of Affective Disorders*, 76, 151-156.
- ⁴¹ Eberhard-Gran, M., Tambs, K., Opjordsmoen, S., Skrondal, A. & Eskild, A. (2004). Depression during pregnancy and after delivery: A repeated measurement study. *Journal of Psychosomatic Obstetrics and Gynecology*, 25, 15-21.

- ⁴² Areias, M.E.G., Kumar, R., Barros, H. & Figueiredo, E. (1996). Comparative incidence of depression in women and men, during pregnancy and after childbirth: Validation of the Edinburgh Postnatal Depression Scale in Portuguese mothers. *British Journal of Psychiatry*, 169, 30-35.
- ⁴³ Da-Silva, V.A., Moraes-Santos, A.R., Carvalho, M.S., Martins, M.L.P. & Teixeira, N.A. (1998). Prenatal and postnatal depression among low income Brazilian women. *Brazilian Journal of Medical and Biological Research*, 31, 799-804.
- ⁴⁴ Clifford, C., Day, A. & Cox, J. (1997). Developing the use of the EPDS in Punjabi-speaking community. *British Journal of Midwifery*, 5, 616-619.
- ⁴⁵ Clifford, C., Day, A., Cox, J. & Werrett, J. (1999). A cross-cultural analysis of the use of the Edinburgh Post-natal Depression Scale (EPDS) in health visiting practice. *Journal of Advanced Nursing*, 30(3), 655-664.
- ⁴⁶ Lawrie, T.A., Hofmeyr, G.J., de Jager, M. & Berk, M. (1998). Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. *South African Medical Journal*, 88(10), 1340-1344.
- ⁴⁷ Jadresic, E., Araya, R. & Jara, C. (1995). Validation of the Edinburgh postnatal depression scale (EPDS) in Chilean postpartum women. *Journal of Psychosomatic Obstetrics and Gynecology*, 16, 187-191.
- ⁴⁸ The authors cited another study published in Spanish. Alvarado, R., Vera, A., Rojas, M., Olca, E., Monardes, J., Neves, E. (1992). La Escala de Edinburgo para la detección de cuadros depresivos en el postparto. *Rev Psiquiat*, 3-4, 1177-1181.
- ⁴⁹ Vega-Dienstmaier, J.M., Mazzotti Suarez G. & Campos Sanchez, M. (2002). Validation of a Spanish version of the Edinburgh Postnatal Depression Scale. *Actas Espanolas de Psiquiatria*, 30(2), 106-111.
- ⁵⁰ Garcia-Esteve, L., Ascaso, C., Ojuel, J. & Navarro, P. (2003). Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *Journal of Affective Disorders*, 75, 71-76.
- ⁵¹ Ascaso Terren, C., Garcia Esteve, L., Navarro, P., Aguado, J., Ojuel, J. & Tarragona, M.J. (2003). Prevalence of postpartum depression in Spanish mothers: comparison of estimation by mean of the structured clinical interview for DSM-IV with the Edinburgh Postnatal Depression Scale. *Medicina Clinica (Barc)*, 120(9), 326-329 (in Spanish with English abstract).
- ⁵² Lundh, W. & Gyllang, C. (1993). Use of the Edinburgh Postnatal Depression Scale in some Swedish Child Health Care Centres. *Scandinavian Journal of Caring Sciences*, 7, 149-154.
- ⁵³ Wickberg, B. & Hwang, C. P. (1996). The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample, *Acta Psychiatrica Scandinavica*, 94, 181-184.
- ⁵⁴ Bagedahl-Strindlund, M., & Monsen Borjesson, K. (1998). Postnatal depression: A hidden illness. *Acta Psychiatrica Scandinavica*, 98, 272-275.
- ⁵⁵ Aydin, N., Inandi, T., Yigit, A. & Hodoglugil, N.N.S. (2004). Validation of the Turkish version of the Edinburgh Postnatal Depression Scale among women within their first postpartum year. *Social Psychiatry and Psychiatric Epidemiology*, 39, 483-486.
- ⁵⁶ Endindeniz, A.N., Kuey, L., Kultur, S. (1996). Turkish version of the Edinburgh Postnatal Depression Scale. Reliability and validity study. *Spring Symposiums I Book*. Psychiatric Organisation of Turkey, Ankara.
- ⁵⁷ Ekuklu, G., Tokuc, B., Eskiocak, M., Berberoglu, U. & Saltik, A. (2004). Prevalence of postpartum depression in Edirne, Turkey, and related factors. *Journal of Reproductive Medicine*, 49(11), 908-914.
- ⁵⁸ Barnett, B., Matthey, S. & Gyaneshwar, R. (1999). Screening for postnatal depression in women of non-English speaking background. *Archives of Women's Mental Health*, 2, 67-74.
- ⁵⁹ Matthey, S. & Barnett, B. (1997). Translation and validation of the Edinburgh Postnatal Depression Scale into Vietnamese and Arabic. In B. Ferguson & D. Barnes (Eds.), *Perspectives on transcultural mental health* (pp.77-84). Sydney: Transcultural Mental Health Centre.
- ⁶⁰ Matthey, S. & Barnett, B. (1996). Postnatal depression and social support in Vietnamese and Arabic women in South West Sydney. In I.H. Minas (Ed.), *Recent developments in mental health* (pp.164-170). Centre for Cultural Studies in Health, University of Melbourne: Melbourne.
- ⁶¹ Beck, A.T., Ward, C.H. & Mendelson, M. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- ⁶² Radloff, L.S. (1977). The Center for Epidemiologic Studies – Depression Scale (CES-D); a self report depression scale for research in the general population. *Applied Psychological Measurements*, 1, 385-401.
- ⁶³ World Health Organization. (1997). Composite International Diagnostic Interview: CIDI-Auto 2.1. Administer's Guide and Reference. Geneva: WHO.

-
- ⁶⁴ World Health Organization. (1994). ICD—10 Symptom Checklist for Mental Disorders, Version 1.1. Geneva: WHO.
- ⁶⁵ Lewis, L., Pelosi, A., Araya, R. & Dunn, G. (1992). Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers. *Psychological Medicine*, 22, 465-486.
- ⁶⁶ Guy, W. (1976). Clinical global impression. In Early Clinical Drug Evaluation Unit (ECDU) in National Institute of Mental Health (Eds.), *Assessment Manual for Psychopharmacology*. Rockville, MD.
- ⁶⁷ Crown, S. & Crisp, A. (1978). *Manual of the Crown-Crisp Experimental Index*. London: Hodder & Stoughton.
- ⁶⁸ Robins, L.N., Helzer, J.E., Croughan, J. & Ratcli, K.S. (1981). National institute of mental health diagnostic interview schedule. Its history characteristics and validity. *Archives of General Psychiatry*, 38, 381-389.
- ⁶⁹ American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders – DSM-III-R*. Washington: American Psychiatric Press.
- ⁷⁰ Wong, D. & Baker, C. (1988). Pain in children: comparison of assessment scales. *Pediatric Nursing*, 14(1), 9-17.
- ⁷¹ Goldberg, D.P. & Hillier, V.F. (1979). A scale version of the General Health Questionnaire. *Psychological Medicine*, 9, 139-145.
- ⁷² Goldberg, D.P. (1978). The manual of the General Health Questionnaire. National Foundation for Educational Research, Nelson: Windsor.
- ⁷³ Zigmond, A.S. & Snaith, R.P. (1983). The Hospital Anxiety Depression Rating Scale. *Acta Psychiatrica Scandinavica*, 67, 361.
- ⁷⁴ Hamilton, M. (1960). Rating Scale for Depression. *Journal of Neurology, Neurosurgery and Psychiatry*, 23, 56-61.
- ⁷⁵ World Health Organization. (1992). *The International Classification of Disease (ICD-10): Classification of mental and behavioral disorders. Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.
- ⁷⁶ Brugha, T., Bebbington, P., Tennant, C. & Hurry, J. (1985). The list of threatening experiences: a subset of 12 life event categories with considerable long-term contextual threat. *Psychological Medicine*, 15, 189-194.
- ⁷⁷ Montgomery, S.A. & Asberg, M. (1984). A new depression scale designed to be sensitive to change. *British Journal of Psychiatry*, 144, 35-47.
- ⁷⁸ Stein, G. (1980). The pattern of mental change and body weight change in the first postpartum week. *Journal of Psychosomatic Research*, 24, 165-171.
- ⁷⁹ Sheehan, D.V., Lecrubier, Y., Harnett-Sheehan, K., Janavs, J., et al. (1997). The validity of the Mini Neuropsychiatric Interview According to the SCID-P and its reliability. *European Psychiatry*, 12, 232-241.
- ⁸⁰ Dean, C., Surtees, P.G. & Sashidharan, S.P. (1983). Comparison of Research Diagnostic Systems in an Edinburgh community sample. *British Journal of Psychiatry*, 142, 247-256.
- ⁸¹ Pitt, B. (1968). Atypical depression following childbirth. *British Journal of Psychiatry*, 114, 1325-1335.
- ⁸² Spitzer, R.L., Williams, J.B., Kroenke, K., Linzer, M., deGruy, F.V., Hahn, S.R., et al. (1994). Utility of a new procedure for diagnosing mental disorders in primary care. The PRIME-MD 1000 study. *Journal of the American Medical Association*, 272, 1749-1756.
- ⁸³ Wing, J.K., Cooper, J.E. & Sartorius, N. (1974). Measurement and classification of psychiatric symptoms. Cambridge University Press, Cambridge.
- ⁸⁴ Wing, J.K., Cooper, J.E. & Sartorius, N. (1973). *Present State Examination*. Cambridge: Cambridge University Press.
- ⁸⁵ Spitzer, R., Endicott, J. & Robins, E. (1978). Research Diagnostic Criteria: Rationale and Reliability. *Archives of General Psychiatry*, 35, 773-782.
- ⁸⁶ Spitzer, R., Endicott, J. & Robins, E. (1978). Research Diagnostic Criteria: Rationale and Reliability. *Archives of General Psychiatry*, 35, 773-782.
- ⁸⁷ Spitzer, R.L, Williams, J.B., Gibbon, M., et al (1992). The Structured Clinical Interview for DSM-III-R (SCID): I history, rationale and description. *Archives of General Psychiatry*, 49, 624-629.
- ⁸⁸ Derogatis, L.R., Lipman, R.S. & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale – preliminary report. *Psychopharmacology Bulletin*, 9, 13-28.
- ⁸⁸ Derogatis, L.R. & Cleary, P.A. (1977). Confirmation of the dimensional structure of the SCL-90: a study in construct validation. *Journal of Clinical Psychiatry*, 33, 981-989.

-
- ⁸⁹ Derogatis, L.R., Lipman, R.S. & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale – preliminary report. *Psychopharmacology Bulletin*, 9, 13-28.
- ⁸⁹ Derogatis, L.R. & Cleary, P.A. (1977). Confirmation of the dimensional structure of the SCL-90: a study in construct validation. *Journal of Clinical Psychiatry*, 33, 981-989.
- ⁹⁰ Zung, W.W. (1965). A self rating Depression Scale. *Archives of General Psychiatry*, 12, 63-70.
- ⁹¹ Williams, J.B. (1988). A structured interview guide for the Hamilton Depression Rating Scale. *Archives of General Psychiatry*, 45(8), 742-747.
- ⁹² Spielberger, C.D., Gorsuch, R.L. & Lushene, R.E. (1970). *STAI manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- ⁹³ Norris, H. (1971). The action of sedatives on brain stem oculomotor systems in man. *Neuropharmacology*, 10, 181-191.
- ⁹⁴ Lubin, B. (1977). Manual for the Depression Adjective Checklist. *Journal of Abnormal Psychology*, 86, 379-388.
- ⁹⁵ Zung self-rating depression scale (SDS) (German version) – Collegium-Internationale-Psychiatriae-Scararum, (Eds.) *Selbstbeurteilungen Depressions-Skala*. Weinheim: Beltz Test GmbH, 1986.)

Edinburgh Postnatal Depression Scale (EPDS)

Translated Versions
NOT VALIDATED

Copyright © Department of Health, Government of Western Australia, 2006.

This work is copyright. It may be reproduced in whole or in part, subject to the inclusion of an acknowledgment of the source and no commercial usage or sale

Permission

Permission was obtained from the Royal College of Psychiatrists, London, England, UK to make and distribute translations of the EPDS and distribute copies of the EPDS electronically subject to the following conditions:

- Copyright for all EPDS translations is held with © The Royal College of Psychiatrists 1987. Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.
- Electronic distribution must be within a secure internet location, such as intranet or an access-controlled area on the internet.

A general licence was granted to produce as many copies of the EPDS as needed across the State of Western Australia, on an ongoing basis.

National Library of Australia Cataloguing in Publication entry.

Edinburgh Postnatal Depression Scale (EPDS): Translated Versions

ISBN 0 xxxxxxx 00

1. Edinburgh Postnatal Depression Scale (EPDS): Translated Versions; Validated
 2. Edinburgh Postnatal Depression Scale (EPDS): Translated Versions; Not Validated
- I. Department of Health, Government of Western Australia
 - II. Title. (Series: Edinburgh Postnatal Depression Scale (EPDS): Translated Versions)

Suggested Citation:

Department of Health, Government of Western Australia. (2006). *Edinburgh Postnatal Depression Scale (EPDS): Translated versions – not validated*. Perth, Western Australia: State Perinatal Mental Health Reference Group.

Prepared by:

Dr Jann Marshall, Senior Medical Adviser and Kate Bethell, Policy Development Officer, Child and Community Health, Women's and Children's Health Service

Published by:

State Perinatal Mental Health Reference Group, Western Australia

Disclaimer

Every effort has been made to ensure that the information contained in this document is free from error. No responsibility shall be accepted by the Government of Western Australia and its officers involved in the preparation of the document for any claim that may arise from information contained herein. Every effort has been made to attribute the translations of the EPDS to its original source. If any of these translations or research summaries is misattributed or misinterpreted, please refer to the enquiries information and the error will be corrected at the next publication.

ABOUT THIS RESOURCE

This is a new resource which collates copies of the Edinburgh Postnatal Depression Scale (EPDS) that have been directly translated from English into other languages. These translations have not been validated for use in screening but, when used with caution, may assist health workers to detect perinatal depression.

For each language, there is specific information recommending cut-off points to use in screening and 'Notes' to guide the use of the non-validated translated EPDS.

Some of these translated EPDS versions have been used in research, however, none of this research includes published validation studies for the translated versions. Where possible, researchers were contacted to obtain further information.

Data collected over the past five years about the country of origin and use of interpreters of women having babies in Western Australia were used to identify the possible languages most relevant for translation of the EPDS.

More than 7,000 women who had babies in Western Australia were originally from Vietnam, Malaysia and Indonesia. Over 3,000 women were from South and Central Europe, from countries such as Austria, Germany and the Netherlands. Over 2,000 women were from Africa, the majority from South and East Africa. Almost 1,000 women were from the Middle East, mostly from Iraq.

The resource contains 18 directly translated EPDS versions in languages which were identified from country of origin Western Australian births data. These versions supplement the available validated translated EPDS versions and meet the needs of most women having babies in Western Australia. Information from 14 studies provided guidance for setting recommended cut-off scores. All the recommended cut-off scores should be used with caution and comparison with clinical judgement.

About the Edinburgh Postnatal Depression Scale

The EPDS was developed in the 1980s by John Cox, a consultant psychiatrist in the United Kingdom, and his colleagues Jeni Holden and Ruth Sagovsky. It is a self-report questionnaire now used in many countries to screen for postnatal depression. More recently, the EPDS is being used to screen for antenatal depression in women and depression in men in both the antenatal and postnatal period.

There are ten statements specific for depressive symptoms during the perinatal period. Each statement has four possible responses, which are scored from 0 to 3 depending on the severity of the response. Higher scores indicate more severe depressive symptoms with a maximum total score of 30. For each translated EPDS version, a cut-off score is recommended. A score above the cut-off indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

ABOUT THIS RESOURCE

Many studies, in Australia and overseas, have shown that EPDS screening is better than clinical judgement alone in detecting emotional problems during the perinatal period. The EPDS is perceived by most women to be accurate, relevant and easy to complete. Women welcome the opportunity to express their feelings.

About Perinatal Mental Health

Postnatal depression (PND) is a term commonly used to describe a sustained depressive disorder following childbirth. PND is not a single illness but a range of conditions with depressive symptoms. These symptoms can vary in severity and are frequently experienced together with anxiety and sometimes other disorders. Up to 40% of PND starts during the antenatal period.

If left untreated, PND can linger for many years. The EPDS provides a timely assessment of a mother's emotional state and can be used to start intervention early. Treatment is effective in reducing depressive symptoms and improving sensitive mother-infant interaction with better outcomes for the child, mother and family.

Developing the Resource

The EPDS has been translated into many languages and tested in diverse population samples from a variety of countries with women and their partners in both the antenatal and postnatal periods.

There is ample evidence that the EPDS is a reliable and valid measure for use with geographically diverse, non-English speaking populations.

A systematic review process was conducted with the primary objective of identifying all published validation studies using translated EPDS versions. Validation studies were targeted because their results provide cut-off points and reliable results for accurate screening. A good validation study should have an adequate sample size, have a representative sample, indicate administration times, use a culturally appropriate diagnostic interview and indicate that the EPDS was self-completed and based on feelings during the previous seven days.

The systematic review did not identify any validation studies for the languages included in this resource.

Non-validated translated copies of the EPDS were obtained from a number of sources. Some of these versions were available from Cox and Holden (2003) and including Czech, Greek, Hebrew, Hindi and Slovenian.

ABOUT THIS RESOURCE

The Department for Health, Government of Western Australia commissioned an additional 13 direct translations of the EPDS by authorised professional translators in Australia. These included Afaan Oromo, Amharic, Farsi/Persian, Filipino/Tagalog, Indonesian, Korean, Khymer/Cambodian, Macedonian, Myanmar/Burmese, Serbian, Somali, Thai and Urdu.

The translators were required to make a direct translation of the English-EPDS or check for accuracy and irrelevant information. All translations were written using a standard format template.

Determining Cut-off Scores

In the absence of research information, a cut-off of 9/10 was chosen for thirteen languages on the basis of the results from the original validation study of the English-EPDS (Cox & Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened. A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

Information from research conducted using a translated EPDS version in five languages provided guidance for setting recommended cut-off scores.

All the recommended cut-off scores for non-validated EPDS translations should be used with caution and carefully compared with clinical judgement.

Cultural Issues

Every woman has the right to expect a high standard of practice from health services irrespective of cultural background. A prerequisite for a high standard of practice is that the service be delivered in a culturally appropriate manner. Health practitioners need to develop the necessary skills to provide appropriate care and continually reflect on cross-cultural issues in relation to perinatal depression.

Perinatal depression is probably a universal experience, however, there are variations across cultures in the manner PND is evident and the meaning and importance assigned to it by women and others in their lives and by the larger community/society.

Specific areas to be aware of include:

- level of education and literacy: this must be ascertained for every person completing the EPDS
- culture of completing questionnaires: even if the EPDS is written in a language that can be read and the woman is sufficiently literate, the experience of completing questionnaires can be bewildering if a woman has never answered a questionnaire on their own

ABOUT THIS RESOURCE

- culture of completing questionnaires with the support of others: it is a misuse of the EPDS and not recommended that a third party, eg. a mother-in-law, is present and aware of the mother's responses to the EPDS (Cox & Holden, 1994).
- official and non-official languages and dialect differences: many countries have one or more official language and other languages that are spoken but not recognised as official languages. Also, there can be a number of dialects that are often not understandable by others. The translated version may only make sense to the people who are conversant in the particular language or dialect in which the test was constructed.
- urban-rural differences: there may be vast cultural differences in language between women in urban and rural areas of countries
- expression, presentation, discussion of and about depression: In some cultures, e.g. Japanese, women tend to express emotional problems by referring to physical (somatic) problems or concerns for the baby rather than expressing their feelings when they are depressed. The EPDS does not contain any somatic items which might raise practical problems if the dominant way in which depression presents is a physical (somatic symptom).

Quite frequently, there are no words in cultures that describe depression as there is no literal meaning.

In other cultures, e.g. Punjabi, a label of PND may have implications across the extended family and reducing the family status in the community. Using terminology such as 'sadness' not 'depression' may be more acceptable with Punjabi families.

- lack of knowledge in the community about PND: this is often associated with difficulties in gaining the necessary care and variety of support to respond to women's needs and will usually require capacity building at a local level
- quality of the translation of the EPDS: when the EPDS is translated from English into another language, great care is needed that each question and the EPDS as a whole has conceptual, ethical, functional and measurement equivalence as behaviours, attitudes, values, sentiments and words make sense and acquire meaning only within the context of the culture in which they are expressed.

As these translated versions have not been validated, caution must be used when interpreting results.

Guidelines for using Translated EPDS versions

When using the EPDS, it is important to remember that the EPDS is a screening test. The EPDS should not be regarded as a diagnostic tool as the positive predictive values are often relatively low (between 40-50%). A high or a low EPDS score does not necessarily mean 'that a woman has depression. It cannot replace clinical judgment, nor does it provide a differential diagnosis of mental disorder' (Cox & Holden, 2003, p. 61).

ABOUT THIS RESOURCE

The benefits of using the EPDS routinely in clinical practice include:

- raising awareness of the possibility of PND among health professionals, women and families; permission to speak and listen; helping women and partners discuss negative feelings; and an opportunity for prevention and early intervention
- providing additional information when making referrals; improving liaison among professionals; identifying service needs
- using a structured approach to identify and clarify depressive symptoms; and monitoring outcomes of treatment (Cox & Holden, 2003, p.60-61).

Guidelines for using translated EPDS versions are similar to using the English-EPDS version.

- the EPDS should only be used by professionals who have been trained in the detection and management of PND and of conducting a clinical interview
- the mother should be ensured privacy in completing the EPDS and during assessments and the EPDS should never be used in an open clinic area or posted to mothers
- literacy level, cultural background and language difficulties should be considered before using the EPDS
- the professional should discuss the responses one by one, being alert to clinical impressions
- a clinical interview that identifies the symptoms of depression from DSM-IV should be used to ascertain depressive symptoms, as well as, discussion of physical, social and emotional causes for the symptoms so that appropriate interventions are identified (Cox & Holden, 2003, pp. 63-64).

Specific cultural issues to consider when the translated EPDS is used in health services include:

- the translated EPDS versions 'may be explained by an interpreter to open the subject for discussion' (Cox *et al* , 2003 p.66).
- it will be important to find out that the woman has adequate literacy skills and is able to read the translated EPDS version before being given the questionnaire. An interpreter may be needed to help with this.
- health professionals will need experience to work effectively with interpreters and when communicating through a third person.
- interpreters need to have experience and training to work with health professionals in a health.
- research validating the use of the EPDS confirms the need for women to complete the EPDS in privacy as women who are depressed are less likely to be identified when family, friends and/or community members can see, or hear, or assist women to complete the EPDS.

ABOUT THIS RESOURCE

- the clinical interview and assessment needs to be conducted from a cultural perspective.
- interpreters should encourage the women to read the questions themselves. Interpreters must not help the woman make decisions, only encourage.
- bilingual health professionals should read the questions on the translated EPDS verbatim.
- practitioners need to be aware that some women are not used to completing questionnaires for themselves and may need support.
- be aware of cultural issues: words to use e.g. sadness not depression might be more appropriate in some cultures; be aware of the meaning of depression in the community.

The practitioner needs to be involved in proactive community planning to identify how the above Guidelines will be implemented for women who cannot speak English and to build genuine relationships with women and communities.

ABOUT THIS RESOURCE

THE EDINBURGH POSTNATAL DEPRESSION SCALE (NOT VALIDATED TRANSLATIONS)

1. Afaan Oromo - Ethiopia
2. Amharic
3. Czech
4. Farsi/Persian
5. Filipino/Tagalog
6. Greek
7. Hebrew
8. Hindi
9. Indonesian
10. Khmer/Cambodian
11. Korean
12. Macedonian
13. Myanmar/Burmese
14. Serbian
15. Slovenian
16. Somali
17. Thai
18. Urdu



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – AFAAN OROMO)

Full name: _____ Date : _____

Maaltuu sitti dhaga'amaa jira?

Dhiheenya kana mucaa da'uu kee irraa kan ka'e amma maaltuu akka sitti dhaga'amaa jiru baruu barbaanna. Maaloo kan har'a sitti dhaga'ame qofa osoo hintaane, guyyaa 7 darban keessa kan sitti dhaga'amaa ture deebii ibsuu danda'u yokaan ammoo kan itti dhihaatu jala muti. Fakeenyi armaan gadii akkaata deebichi itti guutamu agarsiisa.

Ani gammadaan jira:

Eyyee, yeroo hedduu nan gammada
Eyyee, yeroo tokko-tokko nan gammada
Lakkii, yeroo hedduu miti hingammadu
Lakkii, yeroo tokkoyyuu hingammadu.

Kana jechuun: 'torban darbe keessa yeroo tokko tokko gammadaan turee jechuudha'

Maaloo gaaffilee kaanis akkataadhuma fakkeenya kanaan guuti.

Guyyaa 7 darbaan keessatti

1. Kolfuu fi waan nama kofalchiisan arguu danda'eera:
Hanguman yeroo kaan godhuu danda'u
Hanga yeroo kaanii gochuu hindanda'u
Amma yeroo hedduu hinkolfu
Amma tasumaa hinkolfu
2. Gammachuudhanin waan tokko-tokko gara fuul-duraatti ilaalaa jira:
Hangumaan duraan godhaa ture
Kanaan duraan godhu irraa gadi
Kan duraanii irraa haalan gadi
Tasuma akkas hingodhu
3. Yeroo waan tokko tokko karaa irraa ka'atan gar-maleen of balaaleffadha:
Eyyee, yeroo hedduu
Eyyee, yeroo tokko-tokko
Lakkii, yeroo hedduu miti
Lakkii, tasumaa akkana hingodhu
4. Sababa gahoo/amansiisoo hintaaneefin yeroo hedduu cinqama:
Lakkii, tasayyuu akkana hingodhu
Hedduu akkas godhee hinbeeku
Eyyee, yeroo tokko-tokko
Eyyee, yeroo hedduu

(Maaloo gaaffilee 5-10 dugda qoola kana irra jiran deebisi)

5. Sodaanii fi naasuun sababa gahoo/amansiisoo malee natti dhaga'amu:
Eyyee, yeroo hedduu
Eyyee, yeroo tokko-tokko
Lakkii, yeroo hedduu miti
Lakkii, tasayyuu natti hindhaga'aman
6. Waanni marti na yaaddeesu:
Eyyee, yeroo hedduu irraa dandamachuu hindandeenye
Eyyee, yeroo tokko-tokko akka duri kiyyaatti irraa dandamachuu hindandeenye
Lakkii, yeroo hedduu akkuma duraanii kiyyaatti garrii godheen dandamamachaa jira
Lakiii, akkuma duraanii kiyyaatti garrii godhee dandamachaa jira
7. Gar-malee gammachuu qabaachaa waanan hinjirreef irriba rafuu irratti rakkina qabaachaa jira:
Eyyee, yeroo hedduu
Eyyee, irra deddeebi'ee
Yeroo hedduu miti
Lakkii, tasa akkasi ta'ee hinbeeku
8. Gaddi yokaan ammoo yaadni samuu nama rakku natti dhaga'amaa jira:
Eyyee, yeroo hedduu
Eyyee, irra deddeebi'ee
Yeroo hedduu miti
Lakkii, tasa akkas godhee hinbeeku
9. Waanaan gammachuu qabaachaa hinjirreef na boosisaa jira:
Eyyee, yeroo hedduu
Eyyee, irra deddeebi'ee
Yeroo tokko-tokko qofa
Lakki, tasa akkas godhee hinbeeku
10. Yaadni 'ofi-miidhi' naan jedhu natti dhaga'amaa jira
Eyyee, irra deddeebi'ee
Yeroo tokko-tokko
hedduu miti
Ta'ee hinbeeku

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – AFAAN OROMO)

The Afaan Oromo version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

AFAAN OROMO

Countries where Afaan Oromo spoken:

- Egypt
- Ethiopia
- Kenya
- Somalia



Department of Health
Government of Western Australia



**THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – AMHARIC)**

Full name: _____ Date : _____

ምን አይነት ስሜት ይሰማዎታል?

በቅርብ ጊዜ ልጅ ስለወለዱ፤ በአሁኑ ወቅት ምን እንደሚሰማዎት ማወቅ እንፈልጋለን። አሁን የሚሰማዎትን ስሜት ብቻ ሳይሆን፣ በአለፉት 7 ቀናት የተሰማዎት ስሜት ካለ ከዚያ ስሜት ጋር የሚጠጋውን አይነት ከስሩ መስመር በማድረግ ይመልሱ። ለምሳሌ ያህል የሚከተለውን ይመልከቱ።

- የደስታ ስሜት ነበረኝ፡
 - አዎን፤ አብዛኛውን ጊዜ
 - አዎን፤ አልፎ አልፎ
 - አይ፣ እስከዚህም አልደሰት
 - ደስተኛ አይደለሁም

ይህ ማለት፤ በአለፈው ሳምንት አልፎ አልፎ ደስተኛ ነበሩ ማለት ነው።

እባክዎን ሌሎቹንም ጥያቄዎች በዚህ አይነት ይመልሱ።

ባለፉት 7 ቀናት፤

1. ስቁአለሁም አስቁኝ ሁኔታዎችንም መለየት ችያለሁ፡
 - በፊት ሳደርግ እንደነበረው
 - እንደበፊቱ አይሆንም
 - በጭራሽ እንደበፊቱ አይሆንም
 - በጭራሽ አልሰቅም
2. መጨውን ሁኔታ በደስታ መቀበል እችላለሁ፡
 - በፊት የማደርገውን ያህል
 - በፊት ከማደርገው አነስ ያለ
 - በእርግጥ በፊት ከማደርገው ያነስ
 - በጭራሽ አልችልም
3. ሁኔታዎች ሳይሳኩ ከቀሩ አራሴን አወቅሳለሁ፡
 - አዎን፤ ሁልጊዜ
 - አዎን፤ አልፎ አልፎ
 - እስከዚህም አራሴን አልወቅስም
 - በጭራሽ አራሴን አልወቅስም
4. በማይረባ ነገር እጨነቃለሁ፤ እጠበባለሁ፡
 - በጭራሽ
 - ከቁጥር ለማይገባ ጊዜ
 - አዎን፤ አልፎ አልፎ
 - አዎን፤ ሁልጊዜ

(እባክዎን ከዚህ ገጽ በስተጀርባ የሚገኙትን ጥያቄዎች ይመልሱ)

5. በማይረባ ምክንያት ፍርሃትና ድንጋጤ ይሰማኛል፡

- አዎን፤ ሁልጊዜ
- አዎን፤ አልፎ አልፎ
- እስከዚህ አይሰማኝም
- በጭራሽ አይሰማኝም

6. ሁኔታዎች ተደራርበውብኛል፡

- አዎን፤ አብዛኛውን ጊዜ ሁኔታዎችን መቋቋም አልችልም
- አዎን፤ አልፎ አልፎ ሁኔታዎችን መቋቋም አልችልም
- አይ፤ አብዛኛውን ጊዜ ሁኔታዎችን መቋቋም ችያለሁ
- አይ፤ በፊት እንደማደርገው ሁኔታዎችን መቋቋም ችያለሁ

7. ደስታ ከማጣቴ የተነሳ እንቅልፍ አይወስደኝም፡

- አዎን፤ ሁልጊዜ
- አዎን፤ አልፎ አልፎ
- እስከዚህም አልተቸገርኩም
- በጭራሽ አልተቸገርኩም

8. ብሰጭትና ሃዘን ተሰምቶኛል፡

- አዎን፤ ሁልጊዜ
- አዎን፤ አልፎ አልፎ
- እስከዚህ አይሰማኝም
- በጭራሽ አይሰማኝም

9. ደስታ ከማጣቴ የተነሳ አለቅሳለሁ፡

- አዎን፤ አብዛኛውን ጊዜ
- አዎን፤ በየጊዜው
- አልፎ አልፎ ብቻ
- በጭራሽ አላለቀሰኩም

10. እራሴን የመጉዳት ሃሳብ ደርሶብኛል፡

- አዎን፤ ሁልጊዜ
- አልፎ አልፎ ገጥሞኛል
- እስከዚህም አልገጠመኝም
- በጭራሽ አልገጠመኝም

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – AMHARIC)

The Amharic version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

AMHARIC

Countries where Amharic is spoken:

- Egypt
- Ethiopia
- Kenya
- Somalia



THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – CZECH)

Full name: _____ **Date :** _____

Jak se cítíte?

Poněvadž se Vám nedávno narodilo dítě, rádi bychom se Vás zeptali, jak se nyní cítíte.

Podškrtněte prosím tu odpověď, která nejlépe vyjadřuje Vaše pocity během posledních 7 dnů, ne jenom to jak se cítíte dnes. Zde je již hotový příklad:

Cítila jsem se šťastná:

Ano, většinu času

Ano, někdy

Ne, ne příliš

Ne, vůbec ne

To by znamenalo: „Během posledního týdne jsem občas byla šťastná.”

Stejným způsobem odpovězte prosím i na další otázky.

Během posledních 7 dnů

1. Byla jsem schopna se smát a vidět věci i z jejich veselé stránky:

Stejně jako dříve

Ne tak často jako dříve

Rozhodně ne tak často jako dříve

Vůbec ne

2. Těšila jsem se na různé věci:

Stejně jako dříve

Poněkud méně než dříve

Rozhodně méně než dříve

Téměř vůbec ne

3. Zbytečně jsem si vyčítala, když se něco nepovedlo:

Ano, většinu času

Ano, někdy

Ne příliš často

Ne, nikdy

4. Bezdůvodně jsem byla znepokojená nebo jsem si dělala obavy:

Ne, vůbec ne

Téměř nikdy

Ano, někdy

Ano, hodně často

5. Bezdůvodně jsem měla strach nebo jsem zpanikařila:
Ano, často
Ano, někdy
Ne, ne příliš
Ne, vůbec ne
6. Věci mě přerůstaly přes hlavu:
Ano, většinu času jsem se vůbec nedovedla vypořádat se situací
Ano, někdy jsem se nedovedla zcela vypořádat se situací
Ne, většinu času jsem se docela dobře dovedla vypořádat se situací
Ne, dovedla jsem se vypořádat se situací stejně jako jindy
7. Byla jsem tak nešťastná, že jsem měla potíže se spánkem:
Ano, většinu času
Ano, hodně často
Ne příliš často
Ne, nikdy
8. Byla jsem smutná nebo sklíčená:
Ano, většinu času
Ano, hodně často
Ne příliš často
Ne, vůbec ne
9. Byla jsem tak nešťastná, že jsem plakávala:
Ano, většinu času
Ano, hodně často
Pouze zřídka
Ne, nikdy
10. Napadla mne myšlenka na sebeublížení:
Ano, hodně často
Někdy
Téměř nikdy
Nikdy

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – CZECH)

The Czech version of the EPDS has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 12/13

A score of 13 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Czech-EPDS version was used by Dragonas et al in a longitudinal study of women using a cut-off of 12/13. The recommended cut-off point is based on this research.

References of Published Studies using the EPDS

Dragonas, T., Golding J., Ignatyeva, R. & Prokhorskas, R. (1996). *Pregnancy in the 90s: the European longitudinal study of pregnancy and childhood*. Bristol; Sansom & Company, The Institute of Child Health.

CZECH

Countries where Czech is spoken:

- Canada
- Czech Republic
- Germany
- Slovakia
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FARSI/PERSIAN)

سنجش افسردگی پس از زایمان به روش ادینبورگ

نام و نام خانوادگی: _____ تاریخ: _____

چه احساسی دارید؟

باین دلیل که شما به تازگی زایمان نموده اید، ما علاقمندیم بدانیم در حال حاضر چه احساسی دارید. لطفا زیر جوابی را که نمایش دهنده احساس شما، نه فقط در حال حاضر بلکه در هفت روز گذشته می باشد، خط بکشید. این يك نمونه از سئوالها است که جواب داده شده است:

من احساس شادی کرده ام:

بله، اکثر اوقات

بله، گاهی اوقات

خیر، نه زیاد

خیر، ابدا

که بدین معنی است: " من در طول هفته گذشته گاهی اوقات احساس خوشحالی کرده ام"

لطفا باقی سئوالات را به همین طریق کامل نمایند.

در هفت روز گذشته:

1 - توانستم بخندم و طنز را در مسائل به بینم:

بهمان اندازه که همیشه می توانستم

در حال حاضر نه چندان

بطور قطع در حال حاضر نمی توانم

ابدا

2 - با لذت در انتظار اتفاقات روزمره بوده ام :

بهمان اندازه که همیشه لذت می بردم

تقریبا کمتر از آنچه عادت داشتم

مطمئنا کمتر از گذشته

ابدا

3 - وقتی که مسائل بدرستی پیش نمیروند خودم را سرزنش کرده ام:

بله، اکثر اوقات

بله، گاهی اوقات

در اکثر اوقات، خیر

خیر، هرگز

(لطفا به سئوالات 4 - 10 در پشت این صفحه پاسخ دهید)

4 - بدون دلیل نگران و مضطرب بوده ام:

خیر، ابدا
خیلی بندرت
بله، گاهی اوقات
بله، اغلب اوقات

5 - بدون دلیل خاص احساس ترس و وحشت کرده ام:

بله، خیلی زیاد
بله، گاهی اوقات
خیر، نه زیاد
خیر، ابدا

6 - مسائل بر من غلبه میکنند:

بله، اکثر اوقات نتوانسته ام با مسائل بخوبی مواجه شوم
بله، گاهی اوقات نتوانسته ام مانند سابق با مسائل برخورد نمایم
خیر، اغلب اوقات بخوبی توانسته ام از عهده مسائل بر آیم
خیر، مانند همیشه با مسائل کنار آمده ام

7 - بله، اکثر اوقات افسردگی من بقدری شدید بوده که باعث بیخوابی شده است:

بله، اغلب
خیر، خیلی بندرت
خیر، ابدا

8 - من احساس غم و بیچاره گی کرده ام :

بله، اکثر اوقات
بله، اغلب
اکثرا خیر
خیر، ابدا

9 - میزان غم و اندوه ام آنقدر زیاد بوده که گریه کرده ام :

بله، اکثر اوقات
بله اغلب
فقط گاهی اوقات
خیر، هرگز

10 - فکر صدمه زدن بخودم به مغزم خطور کرده است :

اغلب اوقات
گاهی اوقات
خیلی بندرت
هرگز

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FARSI/PERSIAN)

The Farsi/Persian version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

FARSI/PERSIAN

Countries where Farsi/Persian is spoken:

- Afghanistan
- Australia
- Austria
- Azerbaijan
- Bahrain
- Canada
- Denmark
- France
- Germany
- Greece
- India
- Iran
- Iraq
- Israel
- Netherlands
- Oman
- Qatar
- Saudi Arabia
- Spain
- Sweden
- Tajikistan



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FILIPINO/TAGALOG)

Buong Pangalan: _____ **Petsa :** _____

Kumusta na ang iyong pakiramdam?

Sa dahilang ikaw ay nanganak kamakailan lamang, nais naming malaman kung ano ang iyong pakiramdam sa ngayon. Mangyari lamang na guhitan ang sagot na pinakamalapit sa iyong naramdaman sa nakaraang 7 araw, hindi lamang ang iyong nararamdaman sa ngayon. Narito ang isang halimbawa, na nasagutan na:

Ako ay nakaramdam ng kaligayahan:

Oo, kadalasan

Oo, minsan

Hindi, hindi gaano

Hindi, hindi ni minsan

Nangangahulugan ito na: 'Minsan ako ay nakaramdam ng kaligayan sa nakaraang linggo.'

Mangyari lamang na kumpletohin ang iba pang mga katanungan sa parehong paraan.

Sa nakaraang 7 araw

1. Nagawa kong tumawa at nakita ko ang nakakatuwang bahagi ng mga bagay:

Kasing dalas ng palagi kong ginagawa

Hindi na gaano kadalas sa ngayon

Talagang hindi na gaano kadalas sa ngayon

Hindi ni minsan

2. Umaasa ako na masisiyahan sa mga bagay:

Kasing dalas ng dati kong ginagawa

Hindi na gaano kadalas katulad ng dati kong ginagawa

Talagang di na gaano kadalas katulad ng dati kong ginagawa

Bibihirang mangyari

3. Sinisi ko ang aking sarili kapag may mga maling bagay na nangyari:

Oo, kadalasan

Oo, minsan

Hindi gaanong madalas

Hindi, hindi kailanman

(Pakisagutan ang mga tanong(5-10) sa likod ng pahinang ito)

4. Nag-alala ako o nabalisa nang walang magandang kadahilanan:
Hindi, hindi ni minsan
Bibihirang mangyari
Oo, kung minsan
Oo, napakad alas
5. Nakaramdam ako ng takot o biglang pagkatakot nang walang magandang dahilan:
Oo, napakad alas
Oo, paminsan-minsan
Hindi, hindi gaanong madalas
Hindi, hindi ni minsan
6. Nahihirapan akong makayanan ang mga bagay:
Oo, kadalasan ay hindi ko nakakayanan ang mga bagay
Oo, paminsan-minsan ay hindi ko nakakayanan ang mga bagay nang kasing husay ng dati
Hindi, kadalasan ay nakayanan ko nang mahusay ang mga bagay
Hindi, nakakayanan ko ang mga bagay katulad ng palagian
7. Naging sobrang malungutin ako kaya nahirapan ako sa pagtulog:
Oo, kadalasan
Oo, napakad alas
Hindi gaanong madalas
Hindi, hindi kailanman
8. Nakaramdam ako ng lungkot at pagiging kahabag-habag:
Oo, kadalasan
Oo, napakad alas
Hindi gaanong madalas
Hindi, kailanma'y hindi
9. Naging malungutin ako na naging dahilan ng aking pag-iyak
Oo, kadalasan
Oo, napakad alas
Paminsan-minsan lamang
Hindi, kailanma'y hindi
10. Ang pag-iisip na saktan ang aking sarili ay nangyari sa akin:
Oo, napakad alas
Paminsan-minsan
Bibihirang mangyari
Hindi kailanman

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – FILIPINO/TAGALOG)

The Filipino/Tagalog version of the EPDS is a direct translation and has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

2. The Filipino/Tagalog version has been used in research, however, a cut-off was not specified.

References of Published Studies using the EPDS

Small, R., Lumley, J. & Yelland, J. (2003). How useful is the concept of somatisation in cross-cultural studies of maternal depression? A contribution from the Mothers in a New Country (MINC) study. *Journal of Psychosomatic Obstetrics and Gynecology*, 24, 45-52.

FILIPINO/TAGALOG

Countries where Filipino/Tagalog is spoken:

- Canada
- Guam
- Midway Islands
- Philippines
- Saudi Arabia
- United Arab Emirates
- United Kingdom
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – GREEK)

Full name: _____ Date: _____

Πώς αισθάνεστε;

Μετά από την πρόσφατη γέννηση του παιδιού σας, θα θέλαμε να μάθουμε πώς αισθάνεστε τώρα. Παρακαλώ υπογραμμίστε την απάντηση που αντιστοιχεί πλησιέστερα στο πώς αισθανόσαστε τις περασμένες 7 ημέρες, όχι μόνο στο πώς αισθάνεστε σήμερα. Να ένα παράδειγμα, που είναι ήδη συμπληρωμένο:

Αισθανόμουν χαρούμενη:

Ναι, το περισσότερο χρονικό διάστημα

Ναι, μερικό χρονικό διάστημα

Όχι, όχι τόσο πολύ

Όχι, καθόλου

Αυτό θα εννοούσε: «Αισθάνθηκα χαρούμενη για μερικό χρονικό διάστημα κατά την περασμένη εβδομάδα».

Σας παρακαλούμε να συμπληρώσετε τις υπόλοιπες ερωτήσεις κατά τον ίδιο τρόπο.

Τις τελευταίες 7 ημέρες

- Μπορούσα να γελάω και να βλέπω την αστεία πλευρά της ζωής:
Όπως πριν
Λιγότερο από πριν
Πολύ λιγότερο από πριν
Καθόλου
- Έβλεπα το αύριο με ενθουσιασμό:
Όπως και πριν
Μάλλον λιγότερο από πριν
Πολύ λιγότερο από πριν
Σχεδόν καθόλου
- Κατηγορούσα άδικα τον εαυτό μου για πράγματα που πήγαν στραβά:
Ναι, όλη την ώρα
Ναι, αρκετά συχνά
Όχι πολύ συχνά
Όχι, ποτέ
- Ένιωθα άγχος ή ανησυχία χωρίς σοβαρό λόγο:
Όχι, καθόλου
Σχεδόν ποτέ
Ναι, μερικές φορές
Ναι, πολύ συχνά

5. Ένιωθα φόβο ή πανικό, χωρίς σοβαρό λόγο:
Ναι, πολύ συχνά
Ναι, μερικές φορές
Όχι, όχι συχνά
Όχι, καθόλου
6. Με πήρε η κάτω βόλτα (ένιωθα πολύ πεσμένη):
Ναι, τις περισσότερες φορές δεν ήμουν σε θέση να τα βγάλω πέρα καθόλου
Ναι, μερικές φορές δεν τα βγάζω πέρα τόσο καλά όσο συνήθως
Όχι, τις περισσότερες φορές τα έβγαλα πέρα αρκετά καλά
Όχι, τα βγάζω πέρα καλά, όπως πάντα
7. Ήμουν τόσο στενοχωρημένη που δεν μπορούσα να κοιμηθώ:
Ναι, σχεδόν συνέχεια
Ναι, αρκετά συχνά
Σπάνια
Όχι, καθόλου
8. Ένιωθα θλιμμένη ή λυπημένη:
Ναι, σχεδόν συνέχεια
Ναι, αρκετά συχνά
Σπάνια
Όχι, καθόλου
9. Ένιωθα τόσο στενοχωρημένη που έκλαιγα:
Ναι, όλη την ώρα
Ναι, αρκετά συχνά
Κάπου-κάπου
Όχι, ποτέ
10. Μου ήρθε να βλάψω τον εαυτό μου:
Ναι, αρκετά συχνά
Μερικές φορές
Σχεδόν ποτέ
Ποτέ

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – GREEK)

The Greek version of the EPDS has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 12/13

A score of 13 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Greek-EPDS version was used by Dragonas et al in a longitudinal study of women using a cut-off of 12/13. The recommended cut-off point is based on this research.

References of Published Studies using the EPDS

Thorpe, K.J., Dragonas, T., & Golding, J. (1992). The effects of psychosocial factors on the emotional well-being of women during pregnancy: a cross-cultural study of Britain and Greece. *Journal of Reproductive and Infant Psychology*, 10, 191-204.

Thorpe, K.J., Dragonas, T., & Golding, J. (1992). The effects of psychosocial factors on the mother's emotional well-being during early parenthood: a cross-cultural study of Britain and Greece. *Journal of Reproductive and Infant Psychology*, 10, 205-217.

Dragonas, T., Golding J., Ignatyeva, R. & Prokhorskas, R. (1996). *Pregnancy in the 90s: the European longitudinal study of pregnancy and childhood*. Bristol; Sansom & Company, The Institute of Child Health.

Based on the information from one published prevalence study.

GREEK

Countries where Greek is spoken:

- Albania
- Armenia
- Australia
- Austria
- Bahamas
- Bulgaria
- Canada
- Cyprus
- Djibouti
- Egypt
- France
- Georgia
- Germany
- Greece
- Hungary
- Italy
- Jordan
- Kazakhstan



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – HEBREW)

Full name: _____ Date : _____

איך את מרגישה?

לא מזמן ילדת את תינוקך, ברצוננו לדעת כיצד את מרגישה כרגע. בבקשה מתחי קו מתחת לתשובה הכי מתאימה המביעה את הרגשתך בשבעה ימים האחרונים, לא רק מה שאת מרגישה היום. להלן תמצאי דוגמא שהכנו עבורך:

הרגשתי שמחה:

כן, רב הזמן

כן, חלק מהזמן

לא, לא כל כך

לא, בכלל לא

זה אומר: 'הרגשתי שמחה בחלק מהזמן במשך השבוע האחרון'

בבקשה השלימי את שאר השאלות באותה צורה.

בשבעה ימים האחרונים

1. הייתי מסוגלת לצחוק ולראות את הצד המצחיק של דברים.
כפי שיכולתי תמיד
פחות מתמיד
הרבה פחות מתמיד
בכלל לא
2. ציפיתי בהנאה לדברים שיקרו.
כפי שיכולתי תמיד
פחות משהייתי רגילה
הרבה פחות משהייתי רגילה
כמעט בכלל לא
3. האשמתי את עצמי שלא לצורך כאשר דברים לא הסתדרו.
כן, רוב הזמן
כן, חלק מהזמן
לעיתים רחוקות
אף פעם
4. הרגשתי חרדה או דאגה ללא כל סיבה.
בכלל לא
לעיתים רחוקות
כן, לפעמים
כן, לעיתים קרובות מאוד

5. הרגשתי מפוחדת או מבוהלת ללא כל סיבה מוצדקת.
 כן, לעיתים קרובות
 כן, לפעמים
 לעיתים רחוקות
 בכלל לא
6. הרגשתי שדברים קשים לי מדי.
 כן, לרוב לא יכולתי להתמודד בכלל
 כן, לפעמים לא יכולתי להתמודד כפי שאני רגילה
 לא, בדרך כלל התמודדתי (הסתדרתי) די טוב
 לא, אני מתמודדת כמו תמיד
7. הרגשתי כה אומללה שהיה לי קשה לישון.
 כן, בדרך כלל
 כן, לפעמים
 לעיתים רחוקות
 בכלל לא
8. הרגשתי עצובה או אומללה (מצוברחת).
 כן רוב הזמן
 כן, לעיתים קרובות
 לעיתים רחוקות
 בכלל לא
9. הרגשתי כה אומללה שבכיתי.
 רוב הזמן
 לעיתים קרובות
 מדי פעם
 בכלל לא
10. המחשבה לפגוע בעצמי עלתה בראשי.
 כן, לעיתים קרובות
 לפעמים
 כמעט לא
 בכלל לא

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – HEBREW)

The Hebrew version of the EPDS has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 12/13

A score of 13 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Hebrew-EPDS version was used in Israel by Fisch et al (1997) and Glasser et al (1999) at a cut-off of 12/13. The recommended cut-off point is based on this research.

References of Published Studies using the EPDS

Fisch, R.Z., Tadmor, O.P., Dankner, R., & Diamant, Y.Z. (1997). Postnatal depression: a prospective study of its prevalence, incidence and psychosocial determinants in an Israeli sample, *Journal of Obstetrics and Gynaecology*, 23(6), 547-554.

Glasser, S. & Barell, V. (1999). Depression scale for research in and identification of postpartum depression. *Harefuah*, 136(10), 764-764.

Kron, T. & Brosh, A. (2003). Can dreams during pregnancy predict postpartum depression. *Dreaming*, 13(2), 67-81.

HEBREW

Countries where Hebrew is spoken:

- Argentina
- Australia
- Brazil
- Canada,
- France
- Germany
- Israel
- Palestinian West Bank and Gaza
- Panama
- United Kingdom
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – HINDI)

Full name: _____ Date : _____

आप कैसा महसूस कर रहीं हैं ?

आपके यहाँ कुछ दिनों पहले शिशु का जन्म हुआ है, हम यह जानना चाहते हैं कि अब आप कैसा महसूस कर रहीं हैं। पिछले एक हफ्ते के दौरान आपने जैसा अनुभव किया है, उस उत्तर को रेखांकित कीजिये, ना कि जैसा आप आज महसूस कर रहीं हैं।

यहाँ एक हल किया हुआ उदाहरण दिया है :

मैंने खुशी महसूस की है :

हाँ, अधिकांश समय

हाँ, कुछ समय

नहीं, अकसर नहीं

नहीं, कभी नहीं

इसका मतलब है : 'मैंने पिछले एक हफ्ते के दौरान कुछ समय के लिये खुशी महसूस की'

कृपया इसी प्रकार बाकी के प्रश्नों का जवाब दें।

पिछले सात दिनों के दौरान

- १। मैं हंस पायी हूँ और बातों का मजाकिया पहलू देख पायी हूँ :
जितना मैं सदैव करती आयी हूँ
अब उतना नहीं
निश्चित ही अब कम
बिलकुल नहीं
- २। मैं आने वाली बातों के प्रति खुशी महसूस करती हूँ :
जितना मैं पहले कर पायी थी
जितना पहले कर पाती थी उससे कम
निश्चित रूप से पहले से कम
बिलकुल नहीं के बराबर
- ३। कोई भी बात बिगड़ जाने पर मैं अनावश्यक रूप से अपने को दोषी मानती हूँ ;
हाँ, अधिकांश समय
हाँ, कुछ समय
अकसर नहीं
नहीं, बिलकुल नहीं
- ४। पर्याप्त कारण न होने पर भी मैं घबराहट या चिन्ता महसूस करती रहती हूँ :
नहीं, बिलकुल नहीं
शायद ही कभी
हाँ, कभी कभी
हाँ, अकसर ही

- ५। पर्याप्त कारण न होने पर भी मैं भयभीत या अत्यधिक घबराहट महसूस करती हूँ :
हाँ, काफी ज्यादा
हाँ, कभी कभी
नहीं, अधिक नहीं
नहीं, कभी नहीं
- ६। दिनचर्या के कार्य मुझे अपने उपर बहुत भारी बोझ मालूम पड़ते हैं ;
हाँ, अधिकांश समय मैं झेल नहीं पायी हूँ
हाँ, कभी कभी मैं पहले की तरह झेल नहीं पायी हूँ
नहीं अधिकांश समय मैं अच्छी तरह से झेल पायी हूँ
नहीं, मैं हमेशा की तरह ही झेल पायी हूँ
- ७। मैं इतना उदासी महसूस करती रही हूँ कि मुझे आसानी से नींद नहीं आती :
हाँ, अधिकांश समय
हाँ, कभी कभी
अकसर नहीं
नहीं, बिल्कुल नहीं
- ८। मेरा मन उदास या खिन्न रहता है :
हाँ, अधिकांश समय
हाँ, अकसर ही
अकसर नहीं
नहीं, कभी नहीं
- ९। मैं इतनी दुखी रही हूँ, कि रोती रहती हूँ :
हाँ, अधिकांश समय
हाँ, अकसर ही
केवल कभी कभी
नहीं, कभी नहीं
- १०। अपने आप को नुकसान (आत्म हत्या) पहुँचाने का ख्याल मुझे आया है :
हाँ, अकसर ही
कभी कभी
शायद ही कभी
कभी नहीं

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – HINDI)

The Hindi version of the EPDS is a translation of unknown source and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

2. The cut-off was reported to have been used by Banerjee et al (1999) in correspondence to Cox, Holden and Sagovsky. The researchers found that more women with postnatal depression were identified at a cut-off of 9/10 compared with 12/13.

References of Published Studies using the EPDS

Banerjee, N., Banerjee, A., Kriplani, A. & Saxena, S.(1999). Evaluation of postpartum depression using the Edinburgh Postnatal Depression Scale in evaluation of postpartum depression in a rural community in India. *International Journal of Social Psychiatry*, 46, 74-75.

HINDI

Countries where Hindi is spoken:

- Bangladesh
- Belize
- Botswana
- Canada
- Germany
- Guyana
- India
- Kenya
- Nepal
- New Zealand
- Philippines
- Singapore
- South Africa
- Suriname
- Trinidad
- Uganda
- United Arab Emirates
- United Kingdom
- United States
- Yemen
- Zambia



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – INDONESIAN)

Full name: _____ Date : _____

Bagaimana perasaan Anda?

Karena Anda baru melahirkan, kami ingin mengetahui bagaimana perasaan Anda sekarang. Silakan menggaris-bawah jawaban yang paling mirip dengan perasaan Anda selama 7 hari terakhir, tidak hanya perasaan Anda hari ini. Berikut adalah satu contoh yang sudah dijawab:

Saya merasa senang:

- Ya, hampir terus-menerus
- Ya, kadang-kadang
- Tidak, tidak terlalu
- Tidak sama sekali

Hal ini dapat berarti: 'Sepanjang minggu lalu, saya sering merasa senang'.

Silakan menjawab pertanyaan-pertanyaan berikut sebagaimana di atas.

Selama 7 hari terakhir

1. Saya dapat tertawa dan melihat segi kelucuan hal-hal tertentu:
 - Seperti biasanya
 - Sekarang tidak terlalu sering
 - Sekarang agak jarang
 - Tidak sama sekali
2. Saya menanti-nanti untuk melakukan sesuatu dengan penuh harapan:
 - Hampir seperti biasanya
 - Agak berkurang dari biasanya
 - Jelas kurang dari biasanya
 - Hampir tidak sama sekali
3. Saya menyalahkan diri sendiri jika ada sesuatu yang tidak berjalan dengan baik:
 - Ya, hampir selalu
 - Ya, kadang-kadang
 - Tidak terlalu sering
 - Tidak pernah
4. Saya merasa kuatir atau berdebar-debar tanpa alasan:
 - Tidak, tidak sama sekali
 - Hampir tidak pernah
 - Ya, kadang-kadang
 - Ya, amat sering

(Silakan menjawab pertanyaan 5-10 dibalik halaman ini)

5. Saya merasa takut atau panik tanpa alasan:
 - Ya, sering sekali
 - Ya, kadang-kadang
 - Tidak, tidak terlalu
 - Tidak, tidak pernah sama sekali

6. Banyak hal menjadi beban untuk saya:
 - Ya, sering kali saya sama sekali tidak dapat mengatasinya
 - Ya, kadang saya tidak dapat mengatasi seperti biasanya
 - Tidak, biasanya saya dapat mengatasinya dengan baik
 - Tidak, saya dapat mengatasinya dengan baik seperti biasanya

7. Saya merasa tidak senang sehingga sukar tidur:
 - Ya, hampir selalu
 - Ya, sering
 - Tidak, tidak sering
 - Tidak, tidak pernah

8. Saya merasa sedih atau susah:
 - Ya, hampir selalu
 - Ya, sering
 - Jarang
 - Tidak pernah

9. Saya merasa sangat tidak senang menjadikan saya sering menangis:
 - Ya, hampir selalu
 - Ya, sering
 - Hanya sekali-kali
 - Tidak pernah

10. Pikiran untuk mencelakai diri sendiri sering muncul:
 - Ya, agar sering
 - Kadang-kadang
 - Hampir tidak pernah
 - Tidak pernah

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – INDONESIAN)

The Indonesian version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

INDONESIAN

Countries where Indonesian is spoken:

- East Timor
- Indonesia



Department of Health
Government of Western Australia



**THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – KHMER/CAMBODIAN)**

ឈ្មោះ : _____ ថ្ងៃខែឆ្នាំ: _____

តើអ្នកមានអារម្មណ៍យ៉ាងណាដែរ?

ដោយសារអ្នកទើបនឹងសំរាលកូនរួច សូមអ្នករៀបរាប់អំពីអារម្មណ៍របស់អ្នកក្នុងពេលឥឡូវនេះ។
សូមអ្នកកូសពីក្រោមចម្លើយណាមួយដែលត្រូវនឹងអារម្មណ៍របស់អ្នក ក្នុងកំឡុងពេល៧ថ្ងៃកន្លងមកនេះ
គឺមិនត្រឹមតែនៅថ្ងៃនេះទេ។ ខាងក្រោមនេះជាឧទាហរណ៍មួយដែលគេបំពេញរួចហើយ។

ខ្ញុំមានអារម្មណ៍សប្បាយរីករាយ:

ចាស ស្ទើរតែរាល់ពេល

ចាស នៅពេលខ្លះៗ

ទេ មិនសូវទេ

ទេ អត់ទាល់តែសោះ

ចម្លើយនេះបានសេចក្តីថា ខ្ញុំមានអារម្មណ៍សប្បាយរីករាយនៅពេលខ្លះក្នុងកំឡុងពេល៧ថ្ងៃកន្លងមកនេះ។
សូមបំពេញសំណួររងទៀតតាមរបៀបនេះ។

ក្នុងរយៈពេល៧ថ្ងៃកន្លងមកនេះ

១- ខ្ញុំអាចលេងសើចបាន

ដូចធម្មតា

មិនសូវដូចពីមុនទេ

ប្រាកដជាមិនដូចពីមុនទេ

រកសើចមិនកើតទាល់តែសោះ

២- ខ្ញុំចង់បានការសប្បាយរីករាយអំពីអ្វីៗ

ដូចចិត្តដែលធ្លាប់ចង់បានពីមុន

មិនសូវបានដូចពីមុនទេ

ប្រាកដជាមិនបានដូចពីមុនទេ

សឹងតែគ្មានចិត្តចង់ទាល់តែសោះ

៣- ខ្ញុំបានថ្កោលទោសខ្លួនឯងពេលណាមានអ្វីខុស

ចាស ជារៀងៗ

ចាស ពេលខ្លះ

មិនញឹកញាប់ណាស់ទេ

ទេ មិនដែលសោះ

៤- ខ្ញុំបានខ្វល់ខ្វាយឬព្រួយបារម្ភដោយមិនសមហេតុផល

ទេ អត់ទាល់តែសោះ

សឹងតែគ្មានសោះ

ចាស ជួនកាល

ចាស ញឹកញាប់ណាស់

(សូមឆ្លើយទៅនឹងសំណួរទី៥ទៅទី១០នៅទំព័រម្ខាងទៀតនេះ)

- ៥ - ខ្ញុំបានភ័យខ្លាចឬស្ងួនស្នេហាដោយមិនសមហេតុផល
 ចាស ញឹកញាប់ណាស់
 ចាស ជួនកាល
 ទេ មិនសូវទេ
 ទេ អត់ទាល់តែសោះ

- ៦ - ខ្ញុំបានត្រូវបញ្ហាជិះជាន់ច្រើនហួស
 ចាស ខ្ញុំច្រើនតែមិនអាចទប់ទល់បានសោះ
 ចាស ជួនកាលខ្ញុំមិនអាចទប់ទល់បានដូចធម្មតាទេ
 ទេ ខ្ញុំតែងតែទប់ទល់បានល្អដែរ
 ទេ ខ្ញុំអាចទប់ទល់បានដូចធម្មតា

- ៧ - ខ្ញុំបានព្រួយចិត្តពេកទាល់តែដេកមិនបាន
 ចាស សឹងតែគ្រប់ពេល
 ចាស ញឹកញាប់ណាស់ដែរ
 ទេ មិនសូវទេ
 ទេ អត់ទាល់តែសោះ

- ៨ - ខ្ញុំបានមានការព្រួយឬវេទនាចិត្ត
 ចាស គ្រប់ពេលវេលា
 ចាស ញឹកញាប់ណាស់ដែរ
 ទេ មិនសូវទេ
 ទេ អត់ទាល់តែសោះ

- ៩ - ខ្ញុំបានព្រួយចិត្តពេកទាល់តែយំ
 ចាស សឹងតែគ្រប់ពេលវេលា
 ចាស ញឹកញាប់ណាស់ដែរ
 ម្តងម្កាលប៉ុណ្ណោះ
 ទេ អត់ទាល់តែសោះ

- ១០ - ខ្ញុំបានមានអារម្មណ៍ចង់ធ្វើអំពើហឹង្សាដល់ខ្លួនឯង
 ចាស ញឹកញាប់ណាស់
 ជួនកាល
 សឹងតែគ្មានសោះ
 មិនដែលសោះឡើយ

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – KHMER/CAMBODIAN)

The Khmer/Cambodian version of the EPDS is a direct translation and has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

2. The Khmer/Cambodian version has been used in research, however, a cut-off was not specified.

References of Published Studies using the EPDS

Fitzgerald, M.H., Ing, V., Hay, S.H., Yang, T., Doung, H.L., Barnett, B., Matthey, S., Silove, D., Mitchell, P. & McNamara, J. (1998). *Hear our voices: Trauma, birthing and mental health among Cambodian women*. Sydney: Transcultural Mental Health Centre.

Matthey, S., Silove, D., Barnett, B., Fitzgerald, M.H. & Mitchell, P. (1999). Correlates of depression and PTSD in Cambodian women with young children: a pilot study. *Stress and Health*, 15(2), 103-107.(Abstract only)

KHMER/CAMBODIAN

Countries where Khmer/Cambodian is spoken:

- Cambodia
- Vietnam
- Laos
- Thailand
- China
- France
- United States
- Australia



Department of Health
Government of Western Australia



**THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – KOREAN)**

Full name: _____ **Date :** _____

기분이 어떠십니까?

귀하께서는 최근 출산을 하셨으며 저희는 귀하의 현재 감정이 어떠하신 지 파악하고자 합니다. 오늘 감정이 어떠신지 하는 것이 아니라 과거 7 일 동안의 감정이 어떠하셨는지 하는 것과 관련 가장 가까운 답에 밑줄을 쳐주시기 바랍니다. 예를 들면 답이 포함된 아래의 예문을 보십시오.

저는 행복했습니다:

예, 대개의 경우 그러했습니다.

예, 종종 그러했습니다.

아니오, 별로 그렇지 않았습니다.

아니오, 전혀 그렇지 않았습니다.

이는 과거 1 주일간 가끔 행복감을 느끼셨다는 의미입니다.

마찬가지 방식으로 다른 질문에 답을 완성해 주시기 바랍니다.

과거 7 일 동안

1. 저는 웃을 수 있었으며 사물의 재미있는 측면을 볼 수 있었습니다.
가능한 한 항상 그랬습니다.
그렇게 자주는 아닙니다만 그랬습니다.
현재로서는 확실히 그런 편은 아닙니다.
전혀 그렇지 못합니다.
2. 저는 즐거운 마음으로 사물을 기대해 왔습니다.
과거에도 그랬듯이 언제나 그랬습니다.
과거보다는 다소 덜 그랬습니다.
과거보다 확실히 덜 그랬습니다.
거의 전혀 그렇지 못했습니다.
3. 일이 잘못되면 저는 지나치게 자신을 비난합니다.
예, 대개의 경우 그렇습니다.
예, 종종 그렇습니다.
그다지 자주 그러지는 않습니다.
아니오, 전혀 그렇지 않습니다.
4. 이유 없이 초조하고 불안합니다.
아니오, 전혀 그렇지 않습니다.
거의 그렇지 않습니다.
예, 때때로 그렇습니다.
예, 아주 자주 그렇습니다.

(뒷면의 5-10 번 문항에도 답변해 주시기 바랍니다.)

5. 합당한 이유 없이 두려움과 공포를 느꼈습니다.
예, 자주 그랬습니다.
예, 종종 그랬습니다.
아니요, 그다지 그렇지 않았습니다.
아니요, 전혀 그렇지 않았습니다.
6. 상황이 너무 벅차서 감당하기 힘든 느낌 이었습니다.
예, 대개의 경우 전혀 감당할 수 없었습니다.
예, 종종 감당하기 힘든 느낌이었습니다.
아니요, 대개의 경우 잘 감당해 낼 수 있었습니다.
아니요, 늘 그렇듯이 잘 감당해왔습니다.
7. 저는 너무 불행해서 수면을 잘 취할 수 없었습니다.
예, 대개의 경우 그랬습니다.
예, 아주 자주 그랬습니다.
아니요, 별로 그렇지 않았습니다.
아니요, 전혀 그렇지 않았습니다.
8. 슬프고 비참한 느낌이었습니다.
예, 거의 늘 그랬습니다.
예, 자주 그랬습니다.
아니요, 그렇게 자주 그렇지 않았습니다.
아니요, 전혀 그렇지 않았습니다.
9. 너무 불행한 느낌이 들어 울었습니다.
예, 대개 그랬습니다.
예, 자주 그랬습니다.
그저 이따금 그랬습니다.
아니요, 전혀 그렇지 않았습니다.
10. 자해하고 싶은 생각이 들었습니다.
예, 아주 자주 그랬습니다.
때때로 그랬습니다.
거의 그렇지 않았습니다.
전혀 그렇지 않았습니다.

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – KOREAN)

The Korean version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

Reference of Published Study Reviewing Postnatal Depression

Kim, J. & Buist, A. (2005). Postnatal depression: a Korean perspective. *Australasian Psychiatry*, 13, 68-71.

KOREAN

Countries where Korean is spoken:

- Australia
- Brazil
- Canda
- China
- Japan
- Japan
- Kazakhstan
- North Korea
- Philippines
- Russia
- South Korea
- Soviet Union
- United States
- Uzbekistan



Department of Health
Government of Western Australia



**THE EDINBURGH POSTNATAL DEPRESSION SCALE
(TRANSLATION – BURMESE)**

Full name: _____ **Date :** _____

စိတ်ထဲဘယ်လိုရှိနေလဲ ?

မကြာခင်ကဘဲ ကလေးမွေးခဲ့တာမို့၊ အခုစိတ်ထဲ ဘယ်လိုခံစားနေရလဲ ဆိုတာသိလိုပါတယ်။ ဒီနေ့မှာ ခံစားနေရတာ သက်သက်မဟုတ်ဘဲ၊ ပြီးခဲ့တဲ့ (ရ)ရက်အတွင်း ခံစားခဲ့ရတာနဲ့ အနီးစပ်ဆုံးအဖြေကို အောက်မျဉ်းတားပေးပါ။ ဥပမာအားဖြင့် အဖြေပေးထားတာ တစ်ခုပြရမယ် ဆိုရင်-
ကျွန်မ ပျော်ပျော်ရွှင်ရွှင် စိတ်ရှိခဲ့ပါတယ် -
ဟုတ်ကဲ့၊ အမြဲတမ်းလိုလိုပါဘဲ
ဟုတ်ကဲ့၊ တခါတရံပါဘဲ
သိပ်မရှိလှဘူး
လုံးဝမပျော်ပါဘူး

ဆိုလိုတာက- “ပြီးခဲ့တဲ့ တစ်ပါတ်အတွင်း ပျော်ရွှင်တဲ့စိတ် တခါတရံ ရှိခဲ့ပါတယ်။”

အောက်ပါမေးခွန်းများကို ယင်းကဲ့သို့ ဖြေပေးပါ။

ပြီးခဲ့တဲ့ (ရ)ရက်အတွင်း

၁။ ရိုမောစရာများရှိခဲ့ရင်၊ ရီနိုင်ခဲ့တယ် -
အရင်ကအတိုင်း ရိုမောနိုင်ပါတယ်။
အခု အရင်ကလောက် မရီနိုင်တော့ဘူး။
သေချာပေါက် အရင်ကလောက် မရီနိုင်တော့ဘူး။
လုံးဝ မရီနိုင်တော့ဘူး။

၂။ ပျော်ရွှင်စရာများ လုပ်ဆောင်ရန်၊ မြှော်လင့်နေတတ်တယ် -
အရင်က ပုံစံအတိုင်းဘဲ
အရင်ကထက်တော့ နည်းသွားတယ်။
အရင်ကထက် သေချာပေါက် နည်းသွားပြီ။
မရှိသလောက်ဘဲ။

၃။ အဆင်မပြေ ဖြစ်သွားတာတွေအတွက်၊ ကိုယ့်ကိုကိုယ် အပြစ်တင်မိတယ် -
ဟုတ်ကဲ့၊ အမြဲလိုလိုဘဲ။
ဟုတ်ကဲ့၊ တခါတရံပါဘဲ။
လုပ်ခဲ့ပါတယ်။
တစ်ခါမှ မဖြစ်ပါဘူး။

၄။ အကြောင်းမရှိဘဲ၊ ပူပန်စိုးရိမ်နေမိတယ် -
လုံးဝမဖြစ်ပါဘူး။
မဖြစ်သလောက်ပါဘဲ။
တခါတလေပါဘဲ။
တော်တော်များများဖြစ်ပါတယ်။

(တဖက်မှ မေးခွန်း ၅-၁၀ ကိုဖြေပါ)

၅။ လုံလောက်တဲ့ အကြောင်းမရှိဘဲ၊ ကြောက်လန့်တုန်လှုပ်စိတ်တွေ ဖြစ်နေမိတယ် -
တော်တော်များများဘဲ။
တခါတရံ ဖြစ်ပါတယ်။
သိပ်မဖြစ်ပါဘူး။
လုံးဝမဖြစ်ပါဘူး။

၆။ ဘာဘဲလုပ်လုပ် မပြီးစီးနိုင်ဘူး -
ဟုတ်ကဲ့၊ မနိုင်မနင်းဖြစ်တဲ့စိတ် အတော်များနေပါတယ်။
ဟုတ်ကဲ့၊ အရင်တုန်းကလိုမျိုး နိုင်နိုင်နင်းနင်း မရှိလှဘူး။
များသောအားဖြင့် နိုင်နိုင်နင်းနင်း ရှိပါတယ်။
အရင်အတိုင်း နိုင်နိုင်နင်းနင်းပါဘဲ။

၇။ ကျွန်မမှာ စိတ်မချမ်းမသာဖြစ်လွန်းလို့၊ ကောင်းကောင်းအိပ်လို့မရခဲ့ဘူး -
ဟုတ်ကဲ့၊ အမြဲလိုလိုဘဲ။
ဟုတ်ကဲ့၊ မကြာခဏဘဲ။
သိပ်မဖြစ်လှဘူး။
လုံးဝမဖြစ်ပါဘူး။

၈။ ဝမ်းနည်း/စိတ်ဆင်းရဲဖြစ်နေခဲ့တယ် -
အမြဲလိုလိုဘဲ။
မကြာခဏဘဲ။
သိပ်မဖြစ်လှဘူး။
လုံးဝမဖြစ်ပါဘူး။

၉။ ကျွန်မမှာ စိတ်မချမ်းမသာဖြစ်လွန်းလို့ ငိုနေမိတယ်-
အမြဲလိုလိုဘဲ။
မကြာခဏဘဲ။
သိပ်မဖြစ်လှဘူး။
လုံးဝမဖြစ်ပါဘူး။

၁၀။ ကိုယ့်ကိုကိုယ် အန္တရာယ်ပြုဖို့ စိတ်ကူးမိခဲ့တယ် -
ဟုတ်ကဲ့၊ မကြာခဏဘဲ။
တခါတရံ။
မဖြစ်သလောက်ဘဲ။
လုံးဝမဖြစ်ပါ။

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MYANMAR/BURMESE)

The Myanmar/Burmese version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

MYANMAR/BURMESE

Countries where Myanmar/Burmese is spoken:

- Myanmar (Burma)
- Thailand



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MACEDONIAN)

Full name: _____ **Date :** _____

Како се чувствувате?

Доколку неодамна имавте бебе, ние би сакале да знаеме како сега се чувствувате. Ве молиме подвлечете го одговорот што е најблизу до она како се чувствувате во изминативе 7 дена, а не само како се чувствувате денеска. Еве еден пополнет пример:

Се чувствував среќно:

Да, најголемиот дел од времето

Да, за извесно време

Не, не многу

Не, воопшто не

Ова би значело: 'Се чувствував среќно за извесно време во текот на изминатата недела.'

Ве молиме одговорете ги останатите прашања на истиот начин.

Во изминатите 7 дена

1. Бев во состојба да се смеам и да ја согледам смешната страна на работите:

Толку колку и секогаш

Сега не толку многу

Не, дефинитивно не толку многу

Воопшто не

2. Со задоволство бев во исчекување на нешта:

Така како што сум секогаш

Многу помалку отколку порано

Дефинитивно помалку отколку порано

Речиси воопшто не

3. Се обвинував себеси кога работите одеа во погрешен правец:

Да, најголемиот дел од времето

Да, за извесно време

Не многу често

Не, никогаш

4. Бев нервозна или загрижена без некоја добра причина:

Не, воопшто не

Речиси никогаш

Да, понекогаш

Да, многу често

(Ве молиме одговорете ги прашањата 5-10 на задниот дел од страницата)

5. Се чувствував уплашено или воспаничено без некоја добра причина:
 - Да, доста често
 - Да, понекогаш
 - Не, не многу
 - Не, воопшто не

6. Работите ми претставуваа преоптоварување:
 - Да, најголемиот дел од времето не бев во состојба да издржам
 - Да, понекогаш не бев толку издржлива како нормално
 - Не, најголем дел од времето издржував прилично добро
 - Не, издржував добро како и секогаш

7. Бев толку несреќна што имав потешкотии со спиењето:
 - Да, најголемиот дел од времето
 - Да, доста често
 - Не многу често
 - Не, никогаш

8. Се чувствував тажно или мизерно:
 - Да, најголемиот дел од времето
 - Да, доста често
 - Не многу често
 - Не, воопшто не

9. Бев толку несреќна што плачев:
 - Да, најголемиот дел од времето
 - Да, доста често
 - Само понекогаш
 - Не, никогаш

10. Ми доаѓаа мисли да се повредам себеси:
 - Да, доста често
 - Понекогаш
 - Скоро никогаш
 - Никогаш

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – MACEDONIAN)

The Macedonian version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

MACEDONIAN

Countries where Macedonian is spoken:

- Albania
- Australia
- Bulgaria
- Canada
- Greece
- Macedonia
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SERBIAN)

Full name: _____ Date : _____

Како се осећате?

Пошто сте недавно родили бебу ми бисмо желели да знамо како се сада осећате. Молимо вас, подвуците одговор који најприближније описује како сте се осећали у последњих 7 дана, а не само како се данас осећате. Ево једног примера који је већ урађен:

Осећала сам се срећно:

Да, углавном

Да, понекад

Не, не тако често

Не, уопште не

Ово би значило “У току прошле недеље осећала сам се понекад срећно.”

Молимо вас одговорите на остала питања на исти начин.

У последњих 7 дана

1. Могла сам да се смејем и да видим смешну страну свега:

Исто као што сам и увек могла

Не тако често сада

Дефинитивно не тако често сада

Уопште не

2. Све сам очекивала радосно и са уживањем:

Исто као и пре

Знатно ређе него пре

Дефинитивно ређе него пре

Скоро никад

3. Кривила сам себе када нешто није било у реду:

Да, углавном

Да, понекад

Не тако често

Не, никада

4. Била сам забринута или узрујана без икаквог разлога:

Не, уопште не

Скоро никад

Да, понекад

Да, врло често

(Молимо вас одговорите на питања 5-10 на полеђини ове стране)

5. Осећала сам се преплашено или панично без икаквог разлога:

Да, врло често
Да, понекад
Не, не тако често
Не, уопште не

6. Све ми је било тешко:

Да, углавном нисам могла да изађем на крај
Да, понекад нисам могла да изађем на крај као обично
Не, углавном сам излазила на крај прилично добро
Не, излазила сам на крај добро као и увек

7. Била сам толико несрећна да ми је било тешко да спавам:

Да, углавном
Да, врло често
Не тако често
Не, никада

8. Осећала сам се тужно или јадно:

Да, углавном
Да, врло често
Не тако често
Не, уопште не

9. Била сам толико несрећна да сам плакала:

Да, углавном
Да, врло често
Само повремено
Не, никада

10. Мисли о самоповреди су ми падале на памет:

Да, веома често
Понекад
Скоро никад
Никад

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SERBIAN)

The Serbian version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

SERBIAN

Countries where Serbian is spoken:

- Albania
- Australia
- Austria
- Bosnia-Herzegovina
- Bulgaria
- Canada
- Croatia
- Germany
- Greece
- Hungary
- Italy
- Kosovo
- Macedonia
- Montenegro
- Romania
- Russia (Europe)
- Serbia
- Slovakia
- Slovenia
- Sweden
- Switzerland
- Turkey



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SLOVENIAN)

Full name: _____ Date : _____

Kako se počutite?

Ker ste pred nedavnim dobili otročička, bi mi radi ugotovili kako se sedaj počutite. Prosimo da podčrtate odgovor, ki najbližje opiše kako ste se počutili ne samo danes, ampak zadnjih 7 dni. Tu je izpolnjen primer:

Počutila sem se srečno:

Ja, večinoma

Ja, včasih

Ne, ne preveč

Ne, sploh ne

To bi pomenilo: 'Včasih med zadnjim tednom sem se počutila srečno.' Prosimo da izpolnite druga vprašanja na isti način.

V zadnjih 7 dneh.

1. Uspelo mi je se nasmejati in videti smešno plat stvari:
tako, kot mi je vedno uspelo
manj kot prej
veliko manj kot prej
sploh ne
2. Veselila sem se stvari:
tako, kot sem se vedno
manj kot prej
precej manj kot prej
skoraj ne
3. Obremenjevala sem se, kadar so šle stvari narobe:
ja, večino časa
ja, nakaj časa
redko
ne, nikoli

4. Brez pravega razloga sem bila tesnobna in zaskrbljena:
ne, sploh ne
komaj kdaj
ja, včasih
ja, zelo pogosto
5. Brez pravega razloga sem se počutila prestrašeno in panično:
ja, zelo pogosto
ja, včasih
redko
ne, sploh ne
6. Stvari so se mi nakupičile:
ja, večino časa jih nisem mogla obvladati
ja, včasih jih nisem obvladala tako dobro kot prej
ne, večino časa sem jih dobro obvladala
ne, obvladala sem jih tako dobro kot vedno
7. Bila sem tako nesrečna, da sem slabo spala:
ja, večino časa
ja, precej pogosto
redko
ne, sploh ne
8. Počutila sem se žalostno ali nesrečno:
ja, večino časa
ja, precej pogosto
redko
ne, sploh ne
9. Bila sem tako nesrečna, da sem jokala:
ja, večino časa
ja, precej pogosto
občasno
ne, nikoli.
10. Pomislila sem, da bi si kaj naredila:
ja, precej pogosto
včasih
skoraj nikoli
nikoli

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SLOVENIAN)

The Slovenian version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

SLOVENIAN

Countries where Slovenian is spoken:

- Argentina
- Australia
- Austria
- Canada
- Croatia
- Hungary
- Italy
- Slovenia
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SOMALI)

Full name: _____ Date : _____

Sideed dareemeysaa?

Maadaama aad dhowaan ilmo dhashay, sida aad haatan dareensan tahay ayaan jeclaan lahayn in aan wax ka ogaanno. Fadlan hoosta ka xariiq jawaabta ugu dhow ee cabiraysa sida dareenkaagu ahaa todobadii maalmood ee la soo dhaafay. Sida tusaalaha jawaabahan ka muuqata oo kale:

Waxaan qabay dareen farxadeed:

Haa, inta badan

Haa, mararka qaar

Maya, in aan badneyn

Maya, Marnaba

Tan micneheedu waa: ‘Todobaadkii tagay dhexdiisa mararka qaar ayaan faraxsanaa.’

Fadlan sidaas oo kale uga jawaab su’aalaha kale.

7dii maalmood ee la soo dhaafay

1. Waan qosli jiray dhinaca fiicanna wax baan ka arki jiray:

Markasta in alla iyo inta aan doono

Sidaas haatan umasii badna

Wax badan oo la sheego maahan

Marnaba

2. Waxyaabaha igu soo fool leh yididiilo farxadeed ayaan ku sugi jiray:

Sidii weligayba aan ahaa

Sidii hore si xoogaa ka yara hooseysa

Hubaal in badan si ka yar sideydii hore

Marnaba

3. Marka wax khaldamaan nafteydaan ku canaantaa:

Haa, inta badan

Haa, mararka qaar

Inta badan maya

Maya, marnaba

4. Sabab la’aan ayaan walaac iyo walwal dareemaa:

Maya, marnaba

Wey adag tahay

Haa , mararka qaar

Haa, inta badan

(Fadlan ka jawaab su’aalaha 5-10 ee ku qoran boggan dhiniciisa kale)

5. Sabab macno leh oon jirin ayaan dareemaa baqdin iyo argagax:
Haa, inta badan
Haa, mararka qaar
Maya, in aan badneyn
Maya, marnaba
6. Wax kasta culeys ayey igu ahaayeen:
Haa, inta badanna uma dulqaadan karin
Haa, mararka qaar sidii caadiga aheyd uguma dulqaadan karin
Maya, inta badan si wacan ayaan ugu dulqaadan jiray
Maya, Sideydii hore oo kale ayaan ugu dulqaadan jiray
7. Farxaddii wey iga guurtay ilaa heer aan hurdo seexan waayo:
Haa, inta badan
Haa, ilaa xad
Maya, marnaba
8. Murugo ayaan ku sugnaa:
Haa, inta badan
Haa, ilaa xad
In badan maya
Maya, marnaba
9. Farxaddii wey iga guurtay ilaa heer aan iska ooyo:
Haa, inta badan
Haa, ilaa xad
Marar dhif ah
Maya, marnaba
10. In aan is waxyeelleeyo nafteyda wey igu soo dhacday:
Haa, marar badan
Mararka qaar
Wey adkeyd
Marnaba

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – SOMALI)

The Somali version of the EPDS is a direct translation of the English-EPDS version and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher may indicate that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

SOMALI

Countries where Somali is spoken:

- Djibouti
- Ethiopia
- Finland
- Italy
- Kenya
- Saudi Arabia
- Somali
- Sweden
- United Arab Emirates
- United Kingdom
- Yemen



Department of Health
Government of Western Australia



ลำดับชั้นเอดินเบิร์กที่ใช้วัดความรู้สึกสลดหดหู่หลังคลอด
(THE EDINBURGH POSTNATAL DEPRESSION SCALE)
(คำแปล – ภาษาไทย)

ชื่อเต็ม: _____ วันที่: _____

คุณกำลังรู้สึกอย่างไรบ้าง?

เนื่องจากคุณเพิ่งคลอดบุตรเมื่อเร็วๆ นี้ เราจึงอยากทราบว่า คุณกำลังรู้สึกอย่างไร โปรดขีดเส้นใต้คำตอบที่ใกล้เคียงกับความรู้สึกของคุณในระยะ 7 วันที่ผ่านมา คือไม่ใช่ความรู้สึกเฉพาะวันนี้เท่านั้น ต่อไปนี้คือตัวอย่างการขีดเส้นใต้คำตอบ:

ฉันรู้สึกมีความสุข:

ใช่ เกือบตลอดเวลา

ใช่ เป็นบางเวลา

ไม่ ไม่ค่อยมีความสุข

ไม่ ไม่มีความสุขเลย

คำตอบนี้หมายความว่า “ฉันรู้สึกมีความสุขเป็นบางครั้งระหว่างสัปดาห์ที่แล้ว”

โปรดตอบคำถามต่อไปนี้ตามวิธีดังกล่าวข้างต้น:

ในระหว่าง 7 วันที่ผ่านมา

- ฉันสามารถหัวเราะและมองดูสิ่งต่างๆ ในแง่ที่ขบขัน:
เท่าที่ฉันสามารถทำได้เสมอๆ
ตอนนี้ไม่สามารถทำได้มากเหมือนอย่างที่เคยทำ
ตอนนี้ที่แน่ๆ คือไม่สามารถทำได้เหมือนอย่างที่เคยทำ
ไม่สามารถทำได้เลย
- ฉันมองไปข้างหน้าเพื่อหาความเพลิดเพลินใจกับสิ่งต่างๆ:
เท่าๆ กับที่ฉันเคยทำ
น้อยลงกว่าที่เคยทำ
ที่แน่ๆ คือน้อยลงกว่าที่เคยทำ
เรียกได้ว่าเกือบไม่มีเลย
- ฉันโทษตัวเองเมื่อมีเหตุการณ์เลวร้ายเกิดขึ้น:
ใช่ เกือบตลอดเวลา
ใช่ เป็นบางครั้ง
ไม่บ่อยนัก
ไม่เคยเลย
- ฉันรู้สึกกระวนกระวายหรือกังวลโดยไม่มีเหตุผลสมควร:
ไม่ ไม่รู้สึกเช่นนั้นเลย
ไม่ค่อยจะรู้สึกเช่นนั้น
ใช่ เป็นบางครั้ง
ใช่ บ่อยมาก

5. ฉันรู้สึกหวาดผวาทหรือตกอกตกใจโดยไม่มีเหตุผลสมควร:
 - ใช่ บ่อยมากที่สุดทีเดียว
 - ใช่ เป็นบางครั้ง
 - ไม่ ไม่บ่อยมาก
 - ไม่ ไม่เคยเป็นเช่นนั้นเลย

6. มีเรื่องต่างๆ เกิดขึ้นทับถมฉันไปหมด:
 - ใช่ ส่วนมากฉันไม่สามารถรับมือกับเรื่องเหล่านี้ได้เลย
 - ใช่ บางครั้งฉันก็ไม่สามารถรับมือกับเรื่องเหล่านี้ได้เหมือนอย่างปกติ
 - ไม่ ส่วนมากฉันสามารถรับมือกับเรื่องต่างๆได้ดี
 - ไม่ ฉันสามารถรับมือกับเรื่องต่างๆได้เหมือนเช่นเคย

7. ฉันไม่มีความสุขเอามากๆ จนนอนไม่หลับ:
 - ใช่ ส่วนมากเป็นเช่นนั้น
 - ใช่ เป็นเช่นนั้นบ่อยทีเดียว
 - ไม่ ไม่ค่อยเป็นเช่นนั้นบ่อยนัก
 - ไม่ ไม่เคยเป็นเช่นนั้นเลย

8. ฉันรู้สึกเศร้าใจและไม่มีความสุข:
 - ใช่ ส่วนมากเป็นเช่นนั้น
 - ใช่ เป็นเช่นนั้นบ่อยทีเดียว
 - ไม่ ไม่ค่อยเป็นเช่นนั้นบ่อยนัก
 - ไม่ ไม่เคยเป็นเช่นนั้นเลย

9. ฉันไม่มีความสุขจนถึงกับต้องร้องไห้:
 - ใช่ ส่วนมากเป็นเช่นนั้น
 - ใช่ เป็นเช่นนั้นบ่อยทีเดียว
 - เป็นบางครั้งเท่านั้น
 - ไม่ ไม่เคยเป็นเช่นนั้นเลย

10. ความคิดที่จะทำร้ายตัวเองเคยเกิดขึ้นกับฉัน:
 - ใช่ เกิดขึ้นบ่อยทีเดียว
 - เป็นบางครั้ง
 - ไม่ค่อยจะเกิดขึ้น
 - ไม่เคยเกิดขึ้นเลย

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – THAI)

The Thai version of the EPDS has been used by researchers to study the prevalence of perinatal depression.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. The Thai-EPDS version was used by Limlomwongse et al using a cut-off of 9/10. The recommended cut-off point is based on this research.

References of Published Studies using the EPDS

Limlomwongse, N., & Liabsuetrakul, T. (2005). Cohort study of depressive moods in Thai women during late pregnancy and 6-8 weeks of postpartum using the Edinburgh Postnatal Depression Scale (EPDS). *Archives of Women's Mental Health*, in print.

THAI

Countries where Thai is spoken:

- Midway Islands
- Singapore
- Thailand
- United Arab Emirates
- United States



Department of Health
Government of Western Australia



THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – URDU)

Full name: _____ Date : _____

آپ کیسا محسوس کر رہی ہیں؟

جیسا کہ تھوڑا عرصہ پہلے آپکے ہاں ولادت ہوئی ہے، ہم یہ جاننا چاہیں گے کہ اب آپ کیسا محسوس کر رہی ہیں؟ مہربانی فرما کر اپنے جواب جو تقریباً آپکی حالت کے مطابق ہوں، کے نیچے سطر لگائیں کہ پچھلے سات دنوں سے آپکی طبیعت کیسی ہے نہ صرف یہ کہ آج کیسا محسوس کر تی ہیں۔ ذیل میں پہلے سے حل شدہ مثال دی جا رہی ہے۔

میں نے اپنے آپکو خوش محسوس کیا ہے .
ہاں، کثر اوقات
یاں، بعض اوقات
نہیں، بت زیادہ نہیں
نہیں، بالکل نہیں

اس کا یہ مطلب ہو گا کہ " پچھلے ہفتے کے دوران میں نے بعض اوقات اپنے آپکو خوش محسوس کیا ہے ".
ازراہ کرم باقی سوالات کو اسی طرح مکمل کریں۔

پچھلے سات دنوں سے

1. چیزوں کے مزاحیہ رخ کو دیکھ کر میں ہنسنے کے قابل تھی:

اتنا زیادہ جتنا پہلے ہنس سکتی تھی
اب اتنا زیادہ نہیں
یقیناً اب کے اتنا زیادہ نہیں
بالکل نہیں

2. میں خوشی سے کسی چیز کے واقع ہونے کا انتظار کرتی ہوں:

اتنا زیادہ جتنا پہلے کیا کرتی تھی
پہلے سے قدرے کم
یقیناً اس سے کم جتنا پہلے کیا کرتی تھی
بالکل بھی نہیں

3. جب کچھ غلط ہو جائے تو میں اپنے آپکو الزام دیتی ہوں:

اتنا ہی جتنا پہلے دیا کرتی تھی
اس سے قدرے کم جتنا پہلے دیا کرتی تھی
یقیناً اس سے کم جتنا پہلے دیا کرتی تھی
نہیں، بھی نہیں

4. بغیر کسی معقول وجہ کے میں پریشان اور فکر مند رہی ہوں:

نہیں، بالکل نہیں
شاید ہی کبھی
ہاں، کبھی کبھار
ہاں، اکثر اوقات

5. میں نے بغیر کسی معقول وجہ کے خوف اور گھبراہٹ محسوس کی ہے:

ہاں، بہت زیادہ
ہاں، کبھی کبھار
نہیں، زیادہ نہیں
نہیں، کبھی نہیں

6. چیزیں میرے سر پر سوار رہی ہیں:

ہاں، اکثر اوقات میں کئی چیزوں کو نپٹانے میں ناکام رہی ہوں
ہاں، کبھی کبھی میں پہلے کی طرح چیزوں کو نپٹانے میں ناکام رہی ہوں
نہیں، میں اکثر اوقات چیزوں کو اچھی طرح نہیں نپٹا سکی
نہیں، میں پہلے کی طرح ہی خوش اسلوبی سے نپٹتی رہی ہوں

7. میں اتنی ناخوش رہی ہوں کہ مجھے سونے میں دشواری پیش آتی رہی ہے:

ہاں، زیادہ تر وقت
ہاں، اکثر اوقات
بہت زیادہ بار نہیں
نہیں، بالکل نہیں

8. میں نے خود کو غمگین اور افسردہ محسوس کیا ہے:

ہاں، زیادہ تر وقت
ہاں، اکثر اوقات
بہت زیادہ بار نہیں
نہیں، بالکل نہیں

9. میں اتنی زیادہ ناخوش رہی ہوں کہ میں روتی رہی ہوں:

ہاں، زیادہ تر وقت
ہاں، اکثر اوقات
صرف کبھی کبھار
نہیں، بالکل نہیں

10. خود کو نقصان پہنچانے کا خیال میرے دل میں پیدا ہوا:

ہاں، اکثر اوقات
کبھی کبھار
شاید ہی کبھی
کبھی نہیں

THE EDINBURGH POSTNATAL DEPRESSION SCALE (TRANSLATION – URDU)

The Urdu version of the EPDS is a translation of unknown source and has not been validated.

The recommended cut-off point is 9/10

A score of 10 or higher indicates that depressive symptoms have been reported and that a reliable clinical assessment interview is required.

NOTES

1. A cut-off of 9/10 was chosen on the basis of the results from the original validation study of the English-EPDS (Cox and Holden, 1987). This cut-off was recommended to ensure that the majority of women with postnatal depression are detected when screened.

2. A cut-off of 11/12 was recommended in a validation study by Halepota et al (2001), however the paper did not match the abstract. The Urdu-EPDS version used in the study had been translated by the authors.

References of Published Studies using the EPDS

Halepota, A., A. & Wasif, S.A. (2001). Harvard Trauma Questionnaire Urdu translation: The only cross-cultural validated screening instrument for the assessment of trauma and torture and their sequelae. *Journal of the Pakistan Medical Association*, 51(8), 285-290.

URDU

Countries where Urdu is spoken:

- Afghanistan
- Bahrain
- Bangladesh
- Botswana
- Fiji
- Germany
- Guyana
- India
- Malawi
- Mauritius
- Nepal
- Norway
- Oman
- Pakistan
- Qatar
- Saudi Arabia
- South Africa
- Thailand
- United Arab Emirates
- United Kingdom
- Zambia

REFERENCES – ALPHABETICAL INDEX

- Banerjee, N., Banerjee, A., Kriplani, A. & Saxena, S.(1999). Evaluation of postpartum depression using the Edinburgh Postnatal Depression Scale in evaluation of postpartum depression in a rural community in India. *International Journal of Social Psychiatry*, 46, 74-75.
- Cox, J.L., Holden, J.M & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10 – item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.
- Dragonas, T., Golding J., Ignatyeva, R. & Prokhorskas, R. (1996). *Pregnancy in the 90s: the European longitudinal study of pregnancy and childhood*. Bristol; Sansom & Company, The Institute of Child Health.
- Fisch, R.Z., Tadmor, O.P., Dankner, R., & Diamant, Y.Z. (1997). Postnatal depression: a prospective study of its prevalence, incidence and psychosocial determinants in an Israeli sample, *Journal of Obstetrics and Gynaecology*, 23(6), 547-554.
- Fitzgerald, M.H., Ing, V., Hay, S.H., Yang, T., Doung, H.L., Barnett, B., Matthey, S., Silove, D., Mitchell, P. & McNamara, J. (1998). *Hear our voices: Trauma, birthing and mental health among Cambodian women*. Sydney: Transcultural Mental Health Centre.
- Glasser, S., & Barell, V. (1999). Depression scale for research in and identification of postpartum depression. *Harefuah*, 136(10), 764-764.
- Halepota, A., A. & Wasif, S.A. (2001). Harvard Trauma Questionnaire Urdu translation: The only cross-cultural validated screening instrument for the assessment of trauma and torture and their sequelae. *Journal of the. Pakistan Medical Association*, 51(8), 285-290.
- Kim, J. & Buist, A. (2005). Postnatal depression: a Korean perspective. *Australasian Psychiatry*, 13, 68-71.
- Kron, T., & Brosh, A. (2003). Can dreams during pregnancy predict postpartum depression. *Dreaming*, 13(2), 67-81.
- Limlomwongse, N., & Liabsuetrakul, T. (2005). Cohort study of depressive moods in Thai women during late pregnancy and 6-8 weeks of postpartum using the Edinburgh Postnatal Depression Scale (EPDS). *Archives of Women’s Mental Health*, in print.
- Matthey, S., Silove, D., Barnett, B., Fitzgerald, M.H. & Mitchell, P. (1999). Correlates of depression and PTSD in Cambodian women with young children: a pilot study. *Stress and Health*, 15(2), 103-107.(Abstract only)
- Small, R., Lumley, J. & Yelland, J. (2003). How useful is the concept of somatisation in cross-cultural studies of maternal depression? A contribution from the Mothers in a New Country (MINC) study. *Journal Psychosomatic Obstetrics and Gynecology*, 24, 45-52.
- Thorpe, K.J., Dragonas, T., & Golding, J. (1992). The effects of psychosocial factors on the emotional well-being of women during pregnancy: a cross-cultural study of Britain and Greece. *Journal of Reproductive and Infant Psychology*, 10, 191-204.

REFERENCES – ALPHABETICAL INDEX

Thorpe, K.J., Dragonas, T., & Golding, J. (1992). The effects of psychosocial factors on the mother's emotional well-being during early parenthood: a cross-cultural study of Britain and Greece. *Journal of Reproductive and Infant Psychology*, 10, 205-217.