Appendix 1

Edinburgh Postnatal Depression Scale

Name:	Address:
Your Date of Birth:	
Baby's Date of Birth:	Phone:

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

In the past 7 days:

1.	I have been able to laugh and see the funny side of things		*6.	Things have been getting on top of me
	 As much as I always could Not quite so much now Definitely not so much now Not at all 			 Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, I have been coping as well as ever
2.	I have looked forward with enjoyment to things		*7.	I have been so unhappy that I have had difficulty sleeping
	 As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all 			 Yes, most of the time Yes, sometimes Not very often No, not at all
*3.	I have blamed myself unnecessarily when things went wrong		*8.	I have felt sad or miserable
	 Yes, most of the time Yes, some of the time Not very often No, never 			 Yes, most of the time Yes, quite often Not very often No, not at all
4.	I have been anxious or worried for no good reason		*9.	I have been so unhappy that I have been crying
	 No, not at all Hardly ever Yes, sometimes Yes, very often 			 Yes, most of the time Yes, quite often Only occasionally No, never
*5.	I have felt scared or panicky for no very good reason		*10.	The thought of harming myself has occurred to me
	 Yes, quite a lot Yes, sometimes No, not much No, not at all 			 Yes, quite often Sometimes Hardly ever Never
Admin	stered/Reviewed by	C	Date	

Instructions for using the Edinburgh Postnatal Depression Scale:

- 1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
- 2. All the items must be completed.
- 3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
- 4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

EPDS Scoring and provisional diagnosis

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

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

QUESTIONS 3, 5–10 (marked with an *)

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

Maximum score:	30
Possible Depression:	10 or greater
Always look at item 10	(suicidal thoughts)

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

	Patient health questionna	ire for depres	sion		
Ove	er the last 2 weeks, how often have you been bothered by an	y of the follow	ing problems?	?	
For	each question select the option that best describes the amo	ount of time yo	ou felt that wa	у.	
	In the last 2 weeks	Not at all	Several days	More than half the days	Nearly every day
		0	1	2	3
1.	Little interest or pleasure in doing things	\bigcirc	\bigcirc	\bigcirc	\bigcirc
2.	Feeling down, depressed, or hopeless	\bigcirc	\bigcirc	\bigcirc	\bigcirc
3.	Trouble falling or staying asleep, or sleeping too much	0	\bigcirc	\bigcirc	\bigcirc
4.	Feeling tired or having little energy	0	\bigcirc	\bigcirc	0
5.	Poor appetite or overeating	0	\bigcirc	\bigcirc	0
6.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	\bigcirc	\bigcirc	0
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	\bigcirc	\bigcirc	0
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	\bigcirc	0	0
9.	Thoughts that you would be better off dead, or of hurting yourself in some way	0	\bigcirc	\bigcirc	\bigcirc

PHQ-9 provisional diagnosis

Scoring - add up answers to questions on PHQ-9

Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Total Score	Depression Severity
10-14	Mild
15-19	Moderate depression
≥20	Severe depression

See www.nzgg.org.nz/CMD-assessmenttools for more information

Appendix 3

The National Depression Initiative

www.depression.org.nz

e-therapy resources

The National Depression Initiative has an interactive website, with focus on selfmanagement. It provides a self-test and detailed information about depression and New Zealand options for management and treatment in the form of a "journey" that users can take to "get through" depression. It features video clips of New Zealanders who talk about their experiences and what they found helpful.



The Low Down

www.thelowdown.co.nz

An interactive website for young people featuring a self test, fact sheets, a moderated message board to enable peer support, and video clips from popular musicians and high profile young sports people talking about their experiences of depression. The site enables access to a team of counsellors who provide email, phone, webcam and text-based support services for young people.



Recovery via the Internet from Depression (RID)

www.otago.ac.nz/rid

The RID trial (2006-2010) will test whether a set of web-based self-help programmes work for reducing depression in New Zealand. The programmes are designed to help people manage their depression by providing relevant information and/or working through a number of exercises on the internet. The aim of this site is to explain the RID trial and invite people to take part in it.