

Postnatal Screening Tools

Edinburgh Perinatal Depression Scale (EPDS)

Date: YYYY/MM/DD

Postpartum depression is the most common complication of childbearing. The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for perinatal depression. The EPDS is easy to administer and has proven to be an effective screening tool. Your health care provider will review the results with you.

Last Name:

First Name:

Check the answer that comes closest to answering how the client has felt IN THE PAST 7 DAYS, not just how they feel today.

1. I have been able to laugh and 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

Rather less than I used to

Definitely 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 often

No, never

4. I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, very often

*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 able to cope

Yes, sometimes I haven't been coping as well as usual

No, most of the time I have coped well

No, I have been coping as well as ever

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

Yes, most of the time

Yes, sometimes

Not very often

No, not much

*8. I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not very often

No, not much

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

Yes, most of the time

Yes, quite often

Only occasionally

No, never

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

Yes, quite often

Sometimes

Hardly ever

Never

Administered by:

Additional Comments:

Response Key on page 2

Source: Cox, JL, Holden, JM, Sagovsky, R (1987). Department of Psychiatry, University of Edinburgh.

EPDS Response Key and Scoring

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

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

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

Are reversed scored, with the top box scored as 3 and the bottom box scored as 0

Maximum score = 30

Total Score:

Score of 1-3 to item 10 indicates a risk of self-harm. Patient requires immediate mental health assessment and intervention as appropriate.

Score 10 - 12 - Monitor, support, and offer education

Score 13+ - Follow up with comprehensive bio-psychosocial diagnostic assessment for depression.