Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

SCORING GUIDE

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

EPDS Score	Interpretation	Action
Less than 8	Depression not likely	Continue support
9–11	Depression possible	Support, re-screen in 2–4 weeks. Consider referral to primary care provider (PCP).
12–13	Fairly high possibility of depression	Monitor, support and offer education. Refer to PCP.
14 and higher (positive screen)	Probable depression	Diagnostic assessment and treatment by PCP and/or specialist.
Positive score (1, 2 or 3) on question 10 (suicidality risk)		Immediate discussion required. Refer to PCP ± mental health specialist or emergency resource for further assessment and intervention as appropriate. Urgency of referral will depend on several factors including: whether the suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts, whether symptoms of a psychotic disorder are present and/or there is concern about harm to the baby.

References:

Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry.* 1987; 150(6):782-786.

BC Reproductive Mental Health Program and Perinatal Services BC. (2014), *Best Practice Guidelines for Mental Health Disorders in the Perinatal Period.* Available at: http://tiny.cc/MHGuidelines

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