



Brant County Health Unit

An Accredited Public Health Agency

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EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS) PHN ASSESSMENT

Client Name: _____

Baby's Date of Birth: _____

Date of Interview: _____

Introduction to client: "As you have recently had a baby, we would like to know how you are feeling now. Please indicate which response comes closest to how you have felt in the past week."

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

Total Score:

Scoring: Each question is scored out of a minimum of 3 points. Scores for each question are totaled. A total score of 12 or above, OR a positive answer to #10, indicated the client is at-risk for postpartum depression and warrants further assessment.

Acknowledgements: J.L Cox, MA, DM, FRCP (Edin), FRCPsych, Professor of Psychiatry, Department of Postgraduate Medicine, University of Keele. Consultant Psychiatrist, City General Hospital, Soke-on-Kent, formerly Senior Lecturer, Department of Psychiatry, University of Edinburgh.