

Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology
www.myobgynoffice.com

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Edinburgh Perinatal/Postnatal Depression Scale (EPDS) **SCORING GUIDE**

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

If you have had ANY thoughts of harming yourself or your baby, or you are having hallucinations please tell your doctor or your midwife immediately OR GO TO YOUR NEAREST HOSPITAL EMERGENCY ROOM.

| EPDS Score | Interpretation | Action |
|---|--------------------------------|--|
| Less than 8 | Depression not likely | No action necessary |
| 9 – 11 | Depression possible | Contact your clinician for further guidance |
| 12 – 13 | High possibility of depression | Contact your clinician for further guidance |
| 14 and higher (POSITIVE SCREEN) | Probable depression | Contact your clinician for further guidance |
| Positive score (1, 2, 3) on question 10 (suicidal risk) | | Contact your clinician immediately or go to your nearest hospital emergency room |

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