



Edinburgh Depression Scale

URN: _____

Surname: _____

Given Name: _____

DOB: _____ Gender: _____

(Affix Patient ID label here)

Date: _____ Antenatal Gest: _____ ☐ Postnatal weeks: _____ REFERRAL: _____

DATE: We would like to know how you have been feeling in the past week.		EXAMPLE: <input type="checkbox"/> Yes, all the time <input checked="" type="checkbox"/> Yes, most the time <input type="checkbox"/> No, not very often <input type="checkbox"/> No, not at all
Please indicate which of the following comes closest to how you have felt in the past week, not just how you feel today. Please TICK ONE BOX for each question, which is the closest to how you have felt in the PAST SEVEN DAYS .		
1. I have been able to laugh and see the funny side of things	<input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all	
2. I have looked forward with enjoyment to things	<input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all	
3. I have blamed myself unnecessarily when things went wrong	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never	
4. I have been anxious or worried for no good reason	<input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly Ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often	
5. I have felt scared or panicky for no very good reason	<input type="checkbox"/> Yes, quite a lot <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, not much <input type="checkbox"/> No, not at all	
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 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input type="checkbox"/> No, most of the time I have coped quite well <input type="checkbox"/> No, I have been coping as well as ever	
7. I have been so unhappy that I have had difficulty sleeping	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never	
8. I have felt sad or miserable	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all	
9. I have been so unhappy that I have been crying	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never	
10. The thought of harming myself has occurred	<input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never	
Clinicians - Complete scoring assessment on reverse side		

*Cox, Holden & Sagovsky 1987

EDINBURGH DEPRESSION SCALE

RHC 641

BINDING MARGIN - DO NOT WRITE

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URN: _____
Surname: _____
Given Name: _____
DOB: _____ Gender: _____
(Affix Patient ID label here)

Date: _____ Antenatal Gest: _____ Postnatal weeks: _____ Referral: _____

Edinburgh Depression Score (EPDS):
(Clinical Use Only)

EPDS Score: _____ /30

REFERRAL TO: _____

Score	Recommendations	Instructions	Tick when done
0-9	Scores in this range may indicate the presence of some symptoms of distress that may be short-lived and are less likely to interfere with day to day ability to function at home or at work. However if these symptoms have persisted more than a week or two further enquiry is warranted.	<ul style="list-style-type: none"> Document in chart Meditech 	<input type="checkbox"/> <input type="checkbox"/>
10-12	Scores within this range indicate presence of symptoms of distress that may be discomforting. Repeat the EPDS in 2 weeks' time (if applicable) and continue monitoring progress regularly. If the scores increase to above 12 assess further and consider referral as needed.	<ul style="list-style-type: none"> Document in chart Obstetrician or GP or Paediatrician notified Offer referral to psychiatrist/psychologist Meditech 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13+	Scores above 12 require further assessment and appropriate management as the likelihood of depression is high. Referral to a psychiatrist/psychologist may be necessary.	<ul style="list-style-type: none"> Document in chart Obstetrician notified Offer referral to psychiatrist/psychologist Meditech 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Item 10	Any woman who scores 1, 2 or 3 on item 10 requires further evaluation before leaving the office to ensure her own safety and that of her baby.	<ul style="list-style-type: none"> Document in chart Consider Admission Obstetrician or GP notified prior to leaving the room Offer referral to psychiatrist/psychologist Meditech 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Name: _____ Designation: _____

Signature: _____ Date: _____

Time: _____

BINDING MARGIN - DO NOT WRITE