

# Edinburgh Postnatal Depression Scale

## Instructions

Please circle the response that comes closest to how you have been feeling IN THE PAST 7 DAYS. Please answer all questions.

Here is an EXAMPLE already completed.

I have felt happy:

- 0 Yes, all the time
- 1 Yes, most of the time
- 2 No, not very often
- 3 No, not at all

This would mean: "I have felt happy most of the time" during the past week.  
Please complete the other questions in the same way.

## Please answer all questions below:

(Circle one answer in each question)

In the past 7 days

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 at all
  - 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

### For Office Use Only

Patient # \_\_\_\_\_

Administered/Reviewed by \_\_\_\_\_

### Screen Administration

Self Administered: \_\_\_\_\_

Assisted: \_\_\_\_\_

### Screened During

Week/Date: \_\_\_\_\_

Week/Date: \_\_\_\_\_

Week/Date: \_\_\_\_\_

### Score

Total: \_\_\_\_\_

#10 Score: \_\_\_\_\_

Source: Cox, J.L. Holden J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199.

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