

# 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

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For Office Use Only	Screen Administration	Screened During	Score
Patient # _____	Self Administered: _____	Week/Date: _____	Total: _____
Administered/Reviewed by _____	Assisted: _____	Week/Date: _____	#10 Score: _____
		Week/Date: _____	

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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