

# Edinburgh Postnatal Depression Scale

## Instructions

If you are pregnant, or recently had a baby, we would like to know how you are feeling.

Sample Question	0	1	2	3
I have felt happy	Yes, all the time	Yes, most of the time	No, not very often	Not at all
This would mean: "I have felt happy most of the time" during the past week.				

Please circle the answer that comes closest to how you have felt in the past seven days, not just how you feel today.

Statement	0	1	2	3
1. I have been able to laugh and see the funny side of things	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
2. I have looked forward with enjoyment to things	As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all
3. I have blamed myself unnecessarily when things went wrong	No, never	Not very often	Yes, some of the time	Yes, most of the time
4. I have been anxious or worried for no good reason	No, not at all	Hardly ever	Yes, sometimes	Yes, very often

(Please continue on the next page)

## 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.

2 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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	Statement	0	1	2	3
5.	I have felt scared or panicky for no very good reason	No, not at all	No, not much	Yes, sometimes	Yes, quite a lot
6.	Things have been getting on top of me	No, I have been coping as well as ever	No, most of the time I have coped quite well	Yes, sometimes I haven't been coping as well as usual	Yes, most of the time I haven't been able to cope at all
7.	I have been so unhappy that I have had difficulty sleeping	No, not at all	Not very often	Yes, quite often	Yes, most of the time
8.	I have felt sad or miserable	No, not at all	Not very often	Yes, quite often	Yes, most of the time
9.	I have been so unhappy that I have been crying	No, never	Only occasionally	Yes, quite often	Yes, most of the time
10.	The thought of harming myself has occurred to me	Never	Hardly ever	Sometimes	Yes, quite often

**Nursing Use Only: All items must be completed prior to tallying the score.**

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Total Score:</b> <b>Question 10 Score:</b>
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