

Edinburgh Postnatal Depression Scale

Please circle the response that comes closest to how you have been feeling **IN THE PAST 7 DAY**. 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.

In the Past 7 days:

- (Circle one)
1. I have been able to laugh and see the funny side of things
☐ 0 As much as I always could
☐ 1 Not quite as much now
☐ 2 Definitely not so much
☐ 3 Not at all

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

- (Circle one)
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

For Office Use Only

Patient #: _____
Administered/ Reviewed by: _____

☐ Screen Administration
☐ Self Administered
☐ Assisted

☐ Screened During
Third Trimester Week/ Date: _____
Postpartum Week/Date: _____

Score
Total: _____
#10 Score: _____