

Edinburgh Postnatal Depression Scale

Name: _____ Address: _____

Your date of birth: _____

Baby's date of birth: _____ Telephone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

Here is an example, already completed.

I have felt happy

Yes, all the time

Yes, most of the time

No, not very often

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 ...

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

*6. Things have been getting on top of me

Yes, most of the time I haven't been able to cope at all

Yes, sometimes I haven't been coping as well as usual

No, most of the time I have coped quite well

No, I have been coping as well as ever

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

*7. I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Not very often

No, not at all

*3. I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

*8. I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not very often

No, not at all

4. I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, very often

*9. I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Only occasionally

No, never

*5. I have felt scared or panicky for no very good reason

Yes, quite a lot

Yes, sometimes

No, not much

No, not at all

*10. The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Never

The total score is calculated by adding together the scores of each of the 10 items. Questions 1, 2, and 4 (without an asterisk) are scored 0, 1, 2, or 3, with the top box scored as 0 and the bottom box scored as 3. Questions 3 and 5 to 10 (marked with an asterisk) are reverse scored, with the top box scored as 3 and the bottom box scored as 0. Maximum score is 30.

Recommended follow-up to Edinburgh results is as follows.

- A score of 1-3 on item 10 indicates a risk of self-harm and requires immediate mental health assessment and intervention as appropriate.
- A score in the range of 11-13 indicates need for monitoring, support, and education.
- A score of ≥ 14 indicates need for follow-up with biopsychosocial diagnostic assessment for depression.

Reproduced from Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry* 1987;150:782-6.