
Edinburgh Postnatal Depression Scale

Instructions

1. The mother is asked to underline the response which comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

Today's Date _____

Baby's Date of Birth _____

Mother's Name _____ Age _____

Address _____

Phone _____ Alt. Phone _____

Health Plan Name _____

Plan ID _____

How are you feeling?

As you have recently had a baby, we would like to know how you are feeling now. Please underline the answer which 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, most of the time.

Yes, some of the time.

No, not very often.

No, not at all.

This would mean: "I have felt happy some of the time" during the past week.

Please complete the other questions in the same way.

In the past seven 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.

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:*

Yes, most of the time.

Yes, some of the time.

Not very often.

No, never.

4. *I have felt worried and anxious for no very good reason:*

- No, not at all.
- Hardly ever.
- Yes, sometimes.
- Yes, very often.

*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.

*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.

*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.

*8. *I have felt sad or miserable:*

- Yes, most of the time.
- Yes, quite often.
- Not very often.
- No, not at all.

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

- Yes, most of the time.
- Yes, quite often.
- Only occasionally.
- No, never.

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

- Yes, quite often.
- Sometimes.
- Hardly ever.
- Never.

Scoring

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptom. Items marked with an asterisk are reverse scored (i.e., 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items.

For the purpose of the APS Healthcare, Inc. study, a score of 12.5 or greater is suggestive of depression.