

Edinburgh Postnatal Depression Scale (EPDS)

Patient Label

Mother's OB or Doctor's Name:

Doctor's Phone #: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score*.

Below is an example already completed.

I have felt happy:
Yes, all of the time _____ (0)
Yes, most of the time (1)
No, not very often _____ (2)
No, not at all _____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
As much as I always could _____ (0)
Not quite so much now _____ (1)
Definitely not so much now _____ (2)
Not at all _____ (3)
2. I have looked forward with enjoyment to things:
As much as I ever did _____ (0)
Rather less than I used to _____ (1)
Definitely less than I used to _____ (2)
Hardly at all _____ (3)
3. I have blamed myself unnecessarily when things went wrong:
Yes, most of the time _____ (3)
Yes, some of the time _____ (2)
Not very often _____ (1)
No, never _____ (0)
4. I have been anxious or worried for no good reason:
No, not at all _____ (0)
Hardly ever _____ (1)
Yes, sometimes _____ (2)
Yes, very often _____ (3)
5. I have felt scared or panicky for no good reason:
Yes, quite a lot _____ (3)
Yes, sometimes _____ (2)
No, not much _____ (1)
No, not at all _____ (0)
6. Things have been getting to me:
Yes, most of the time I haven't been able to cope at all _____ (3)
Yes, sometimes I haven't been coping as well as usual _____ (2)
No, most of the time I have coped quite well _____ (1)
No, I have been coping as well as ever _____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
Yes, most of the time _____ (3)
Yes, sometimes _____ (2)
No, not very often _____ (1)
No, not at all _____ (0)
8. I have felt sad or miserable:
Yes, most of the time _____ (3)
Yes, quite often _____ (2)
Not very often _____ (1)
No, not at all _____ (0)
9. I have been so unhappy that I have been crying:
Yes, most of the time _____ (3)
Yes, quite often _____ (2)
Only occasionally _____ (1)
No, never _____ (0)
10. The thought of harming myself has occurred to me: *
Yes, quite often _____ (3)
Sometimes _____ (2)
Hardly ever _____ (1)
Never _____ (0)

TOTAL YOUR SCORE HERE ►

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by:

Escala Edinburgh para la Depresión Postnatal (Spanish Version)

Patient Label

OB de la madre o el nombre del médico

Número de teléfono del médico

Como usted está embarazada o hace poco que tuvo un bebé, nos gustaría saber como se siente actualmente. Por favor MARQUE (✓) la respuesta que más se acerca a como se ha sentido durante LOS ÚLTIMOS 7 DÍAS y no sólo como se ha sentido hoy.

A continuación se muestra un ejemplo completado:

Me he sentido feliz:

Sí, todo el tiempo _____ 0

Sí, la mayor parte del tiempo 1

No, no muy a menudo _____ 2

No, en absoluto _____ 3

Esto significa: "Me he sentido feliz la mayor parte del tiempo" durante la última semana. Por favor complete las otras preguntas de la misma manera.

1. He podido reír y ver el lado bueno de las cosas:
 Tanto como siempre he podido hacerlo _____ 0
 No tanto ahora _____ 1
 Sin duda, mucho menos ahora _____ 2
 No, en absoluto _____ 3

2. He mirado al futuro con placer para hacer cosas:
 Tanto como siempre _____ 0
 Algo menos de lo que solía hacerlo _____ 1
 Definitivamente menos de lo que solía hacerlo _____ 2
 Prácticamente nunca _____ 3

3. Me he culpado sin necesidad cuando las cosas marchaban mal:
 Sí, casi siempre _____ 3
 Sí, algunas veces _____ 2
 No muy a menudo _____ 1
 No, nunca _____ 0

4. He estado ansiosa y preocupada sin motivo alguno:
 No, en absoluto _____ 0
 Casi nada _____ 1
 Sí, a veces _____ 2
 Sí, muy a menudo _____ 3

5. He sentido miedo o pánico sin motivo alguno:
 Sí, bastante _____ 3
 Sí, a veces _____ 2
 No, no mucho _____ 1
 No, en absoluto _____ 0

6. Las cosas me oprimen o agobian:
 Sí, la mayor parte del tiempo no he podido sobrellevarlas _____ 3
 Sí, a veces no he podido sobrellevarlas de la manera _____ 2
 No, la mayoría de las veces he podido sobrellevarlas bastante bien _____ 1
 No, he podido sobrellevarlas tan bien como lo hecho siempre _____ 0

7. Me he sentido tan infeliz, que he tenido dificultad para dormir:
 Sí, casi siempre _____ 3
 Sí, a veces _____ 2
 No muy a menudo _____ 1
 No, en absoluto _____ 0

8. Me he sentido triste y desgraciada:
 Sí, casi siempre _____ 3
 Sí, bastante a menudo _____ 2
 No muy a menudo _____ 1
 No, en absoluto _____ 0

9. Me he sentido tan infeliz que he estado llorando:
 Sí, casi siempre _____ 3
 Sí, bastante a menudo _____ 2
 Ocasionalmente _____ 1
 No, nunca _____ 0

10. He pensado en hacerme daño:
 Sí, bastante a menudo _____ 3
 A veces _____ 2
 Casi nunca _____ 1
 No, nunca _____ 0

Total Score: _____

Consentimiento verbal para contacto arriba mencionado MD presenciada por:
