



## EPDS – Feelings and Mood Scale

(To be completed with participants who are pregnant or whose children are under 12 months of age).

**PLEASE CIRCLE THE ANSWER WHICH COMES CLOSEST TO HOW YOU HAVE FELT IN THE PAST 7 DAYS - NOT JUST HOW YOU FEEL TODAY.**

### IN THE PAST 7 DAYS:

#### A.

|  | As much as I always could<br>0                                | Not quite so much now<br>1                                 | Definitely not so much now<br>2                   | Not at all<br>3                             | Score<br>_____ |
|--|---|--|---|---|----------------|
| 1. I have been able to laugh and see the funny side of things... | As much as I always could<br>0                                | Not quite so much now<br>1                                 | Definitely not so much now<br>2                   | Not at all<br>3                             | _____          |
| 2. I have looked forward with enjoyment to things...             | As much as I ever did<br>0                                    | Rather less than I used to<br>1                            | Definitely less than I used to<br>2               | Hardly at all<br>3                          | _____          |
| 3. I have blamed myself unnecessarily when things went wrong...  | Yes, most of the time<br>3                                    | Yes, some of the time<br>2                                 | Not very often<br>1                               | No, never<br>0                              | _____          |
| 4. I have been anxious or worried for no good reason...          | No, not at all<br>0   | Hardly ever<br>1   | Yes, sometimes<br>2                               | Yes, very often<br>3                        | _____          |
| 5. I have felt scared or panicky for no good reason...           | Yes, quite a lot<br>3   | Yes, sometimes<br>2  | No, not much<br>1                                 | No, not at all<br>0                         | _____          |
| 6. I haven't been able to cope...                                | Yes, most of the time I haven't been able to cope at all<br>3 | Yes, sometimes I haven't been coping as well as usual<br>2 | No, most of the time I have coped quite well<br>1 | No, I have been coping as well as ever<br>0 | _____          |
| 7. I have been so unhappy that I have had difficulty sleeping... | Yes, most of the time<br>3                                    | Yes, sometimes<br>2  | Not very often<br>1                               | No, not at all<br>0                         | _____          |
| 8. I have felt sad or miserable...                               | Yes, most of the time<br>3                                    | Yes, quite often<br>2                                      | Not very often<br>1                               | No, not at all<br>0                         | _____          |
| 9. I have been so unhappy that I have been crying...             | Yes, most of the time<br>3                                    | Yes, quite often<br>2                                      | Only occasionally<br>1                            | No, never<br>0                              | _____          |
| 10. The thought of harming myself has occurred to me...          | Yes, quite often<br>3   | Sometimes<br>2   | Hardly ever<br>1                                  | Never<br>0                                  | _____          |

**Total Score** \_\_\_\_\_

#### B.

|  |                       |                |                  |            |       |
|--|-----------------------|----------------|------------------|------------|-------|
| The thought of harming my baby has occurred to me... | Yes, quite often<br>3 | Sometimes<br>2 | Hardly ever<br>1 | Never<br>0 | _____ |
|--|-----------------------|----------------|------------------|------------|-------|

Adapted from: Cox, J. L., Holden, J. M., & Sogvsky, R. (1987)

Participant's Name \_\_\_\_\_ Child's Name (optional) \_\_\_\_\_ Program/Site Name \_\_\_\_\_ Date Completed \_\_\_\_\_

How was scale completed

In person  By phone

Screening Time Point (optional)

Baseline  4 wks  3 mnths  6 mnths  Rescreen



# EPDS – Escala de los Sentimientos y el Humor



(Para ser completado por participantes embarazadas o con niños menores de 12 meses de edad).

**POR FAVOR CIRCULE LA RESPUESTA QUE MÁS SE ACERCA A COMO SE HA SENTIDO EN LOS ÚLTIMOS 7 DÍAS – NO SÓLO COMO SE SIENTE HOY.**

## EN LOS ÚLTIMOS 7 DÍAS:

**A..**

|   | Tanto como siempre<br>0    | No tanto ahora<br>1                   | Mucho menos<br>2           | No, no he podido<br>3 | Total |
|---|----------------------------|---------------------------------------|----------------------------|-----------------------|-------|
| 1. He podido reír y ver el lado bueno de las cosas...                 | 0                          | 1                                     | 2                          | 3                     | _____ |
| 2. He mirado al futuro con placer...                                  | Tanto como siempre<br>0    | Algo menos de lo que solía hacer<br>1 | Definitivamente menos<br>2 | No, nada<br>3         | _____ |
| 3. Me he culpado sin necesidad cuando las cosas marchaban mal...      | Sí, casi siempre<br>3      | Sí, algunas veces<br>2                | No muy a menudo<br>1       | No, nunca<br>0        | _____ |
| 4. He estado ansiosa y preocupada sin motivo...                       | No, nada<br>0              | Casi nada<br>1                        | Sí, a veces<br>2           | Sí, a menudo<br>3     | _____ |
| 5. He sentido miedo o pánico sin motivo alguno...                     | Sí, bastante<br>3          | Sí, a veces<br>2                      | No, no mucho<br>1          | No, nada<br>0         | _____ |
| 6. Las cosas me oprimen o agobian...                                  | Sí, casi siempre<br>3      | Sí, a veces<br>2                      | No, casi nunca<br>1        | No, nada<br>0         | _____ |
| 7. Me he sentido tan infeliz, que he tenido dificultad para dormir... | Sí, casi siempre<br>3      | Sí, a menudo<br>2                     | No muy a menudo<br>1       | No, nada<br>0         | _____ |
| 8. Me he sentido triste y desgraciada...                              | Sí, casi siempre<br>3      | Sí, bastante a menudo<br>2            | No muy a menudo<br>1       | No, nada<br>0         | _____ |
| 9. He estado tan infeliz que he estado llorando...                    | Sí, casi siempre<br>3      | Sí, bastante a menudo<br>2            | Sólo ocasionalmente<br>1   | No, nunca<br>0        | _____ |
| 10. He pensado en hacerme daño a mi misma...                          | Sí, bastante a menudo<br>3 | Sí, a menudo<br>2                     | Casi nunca<br>1            | No, nunca<br>0        | _____ |

Cuenta Total \_\_\_\_\_

**B.**

|   |                            |                   |                 |                |       |
|---|----------------------------|-------------------|-----------------|----------------|-------|
| He pensado en hacerle daño a mi bebe... | Sí, bastante a menudo<br>3 | Sí, a menudo<br>2 | Casi nunca<br>1 | No, nunca<br>0 | _____ |
|---|----------------------------|-------------------|-----------------|----------------|-------|

Adaptado de: Cox, J. L., Holden, J. M., & Sogvsky, R. (1987)

Nombre de Participante \_\_\_\_\_

Nombre del Niño (opcional) \_\_\_\_\_

Nombre del Programa \_\_\_\_\_

Fecha \_\_\_\_\_

Cómo fué completado

En persona  Por teléfono

Punto de Entrevista (opcional)

Primer punto  4 semanas  3 meses  6 meses  Rescreen