

Escala Edinburgh para la Depresión Postnatal (Spanish Version)

Nombre de participante: _____

Número de identificación de participante: _____

Fecha: _____

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

Edinburgh Postnatal Depression Scale (EPDS) Scoring & Other Information

ABOUT THE EPDS

Response categories are scored 0, 1, 2 and 3 according to increased severity of the symptom. Items 3, 5-10 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. Users may reproduce the scale without further permission providing they respect copyright (which remains with the *British Journal of Psychiatry*) quoting the names of the authors, the title and the source of the paper in all reproduced copies.

The Edinburgh Postnatal Depression Scale (EPDS) was developed to assist primary care health professionals in detecting mothers suffering from postpartum depression (PPD); a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery), but less severe than puerperal psychosis.

Previous studies have shown that PPD affects at least 10 percent of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long term effects on the family.

The EPDS was developed at health centers in Livingston and Edinburgh. It consists of 10 short statements. The mother underlines which of the four possible responses is closest to how she has been

feeling during the past week. Most mothers complete the scale without difficulty in less than five minutes.

The validation study showed that mothers who scored above a threshold 12/13 were likely to be suffering from a depressive illness of varying severity. Nevertheless, the EPDS score should not override clinical judgement. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother felt during the previous week, and in doubtful cases it may be usefully repeated after two weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

INSTRUCTIONS FOR USERS

1. The mother is asked to underline the response that comes closest to how she has felt during the previous seven days.
2. All 10 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.
5. The EPDS may be used at six to eight weeks to screen postnatal women or during pregnancy. The child health clinic, postpartum check-up or a home visit may provide suitable opportunities for its completion.