



EPDS – Feelings and Mood Scale

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

PLEASE CHECK 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.

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	Score _____
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. I haven't been able to cope...	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	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 Score _____

B.

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

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

Cuenta Total _____

B.

He pensado en hacerle daño a mi bebe...	Sí, bastante a menudo 3	Sí, a menudo 2	Casi nunca 1	No, nunca 0	
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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