

Escala de Edinburgo

Program Name: _____ Home Visitor Name: _____
 Participant Name: _____ Date completed: _____
 Participant ID#: _____ Score: _____

Complete within 45 days postpartum and six months postpartum

Como usted hace poco tuvo un bebé, nos gustaría saber como se ha estado sintiendo. Por favor haga un círculo alrededor de la respuesta que más se acerca a como se ha sentido en los últimos 7 días.

Éste es un ejemplo ya completo:

me he sentido contenta:

- 0 Sí, siempre.
- 1 Sí, casi siempre.
- 2 No, muy a menudo.
- 3 No, nunca.

En los últimos 7 días:

1. He podido reír y ver el lado bueno de las cosas.

- 0 Tanto como siempre.
- 1 No tanto ahora.
- 2 Mucho menos.
- 3 No, no he podido.

6. Las cosas me oprimen o agobian.

- 3 Sí, casi siempre.
- 2 Sí, a veces.
- 1 No, casi nunca.
- 0 No, nada.

2. He mirado al futuro con placer.

- 0 Tanto como siempre.
- 1 Algo menos de lo que solía hacer.
- 2 Definitivamente menos.
- 3 No, nada.

7. Me he sentido tan infeliz, que he tenido dificultad para dormir.

- 3 Sí, casi siempre.
- 2 Sí, a menudo.
- 1 No, muy a menudo.
- 0 No, nada.

3. Me he culpado sin necesidad cuando las cosas marchaban mal.

- 3 Sí, casi siempre.
- 2 Sí, algunas veces.
- 1 No muy a menudo.
- 0 No, nunca.

8. Me he sentido triste y desgraciada.

- 3 Sí, casi siempre.
- 2 Sí, bastante a menudo.
- 1 No muy a menudo.
- 0 No, nada.

4. He estado ansiosa y preocupada sin motivo.

- 0 No, nada.
- 1 Casi nada.
- 2 Sí, a veces.
- 3 Sí, a menudo.

9. He estado tan infeliz que he estado llorando.

- 3 Sí, casi siempre.
- 2 Sí, bastante a menudo.
- 1 Sólo ocasionalmente.
- 0 No, nunca.

5. He sentido miedo o pánico sin motivo alguno.

- 3 Sí, bastante.
- 2 Sí, a veces.
- 1 No, no mucho.
- 0 No, nada.

10. He pensado en hacerme daño a mí misma.

- 3 Sí, bastante a menudo.
- 2 Sí, a menudo.
- 1 Casi nunca.
- 0 No, nunca.

Notes:

INSTRUCTIONS & SCORING

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.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up, or a home visit may provide suitable opportunities for its completion.

Scoring:

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) has been developed to assist primary care health professionals to detect mothers suffering from postnatal depression; 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 postnatal depression affects at least 10% 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 ten 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 5 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 and may benefit from additional mental health services. Nevertheless the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week, and in doubtful cases it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 150, 782-786. The Spanish version was developed at the University of Iowa based on earlier Spanish versions of the instrument. For further information, please contact Michael W. O'Hara, Department of psychology, University of Iowa, Iowa City, IA 82245 mikeohara@uiowa.edu.