

POSTPARTUM DISTRESS MEASURE

Name: _____

Today's Date: _____

Directions: Please mark one answer for each question according to your experiences over the past week, including today, relative to how you usually feel.

1. I feel sad and hopeless.

- 0 No, this is not true
- 1 Yes, this is true occasionally
- 2 This is true some of the time
- 3 This is true most of the time

2. I am crying more than usual.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No, this is not true

3. I cannot make decisions or concentrate.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No this is not true

4. I feel overwhelmed.

- 3 Yes, most of the time I can't cope at all
- 2 Yes, sometimes I am not coping as well as usual
- 1 No, most of the time I have coped well
- 0 No, I have been coping as well as ever

5. I'm afraid I will never feel better.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No, this is not true

6. I think about taking my own life.

- 0 This is never true
- 1 This is hardly ever true
- 2 This is true some of the time
- 3 This is true most of the time

7. I have recurring thoughts about harm coming to my baby, my family, or myself.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No, this is not true

8. I have recurring thoughts about my baby getting sick or having some kind of problem.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No, this is not true

9. I check on my baby multiple times throughout the night.

- 3 This is true most of the time
- 2 This is true some of the time
- 1 This is true only occasionally
- 0 No, this is not true

10. I have thoughts about my baby that scare me.

- 0 No, this is not true
- 1 This is true only occasionally
- 2 This is true some of the time
- 3 This is true most of the time

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Directions for scoring:

Items 1, 6, & 10 are scored on a 0 – 3 scale.

Items 2, 3, 4, 5, 7, 8, & 9 are reverse-scored, so that the response sets are scored 3 – 0.