**POSTPARTUM DISTRESS MEASURE**

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

3. I cannot make decisions or concentrate.
   - 0 This is true most of the time
   - 1 This is true some of the time
   - 2 This is true only occasionally
   - 3 No, this is not true

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

5. I’m afraid I will never feel better.
   - 0 This is true most of the time
   - 1 This is true some of the time
   - 2 This is true only occasionally
   - 3 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.
   - 0 This is true most of the time
   - 1 This is true some of the time
   - 2 This is true only occasionally
   - 3 No, this is not true

8. I have recurring thoughts about my baby getting sick or having some kind of problem.
   - 0 This is true most of the time
   - 1 This is true some of the time
   - 2 This is true only occasionally
   - 3 No, this is not true

9. I check on my baby multiple times throughout the night.
   - 0 This is true most of the time
   - 2 This is true some of the time
   - 3 This is true only occasionally
   - 4 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
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.