

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

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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.