Postpartum Distress Measure
Allison, Wenzel, Kleiman, & Sarwer, version 4.25.12

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.