

Name: _____ Date of Birth: _____

Today's Date: _____ Baby's Date of Birth: _____

Postpartum Depression Screening Scale (PDSS)

Below is a list of statements describing how a mother may be feeling after the birth of her baby. Please indicate how much you agree or disagree with each statement. In completing the questionnaire, please put an "X" for the answer that best describes how you have felt over the past 2 weeks. Please give only one response for each statement, using the following scale:

		1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	
During the past 2 weeks,		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
1.	I had trouble sleeping even when my baby was asleep.						○
2.	I got anxious over even the littlest things that concerned my baby.						□
3.	I felt like my emotions were on a roller coaster.						△
4.	I felt like I was losing my mind.						◇
5.	I was afraid that I would never be my normal self again.						+
6.	I felt I was not the mother I wanted to be.						+
7.	I have thought that death seemed like the only way out of this living nightmare.						
8.	I lost my appetite.						○
9.	I felt really overwhelmed.						□
10.	I was scared that I would never be happy again.						◇
11.	I could not concentrate on anything.						☆
12.	I felt as though I had become a stranger to myself.						◇
13.	I felt like so many mothers were better than me.						+
14.	I started thinking that I would be better off dead.						
15.	I woke up on my own in the middle of the night and had trouble getting back to sleep.						○
16.	I felt like I was jumping out of my skin.						□
17.	I cried a lot for no real reason.						△
18.	I thought I was going crazy.						△
19.	I did not know who I was anymore.						◇
20.	I felt guilty because I could not feel as much as much love for my baby as I should.						+
21.	I wanted to hurt myself.						
22.	I tossed and turned for a long time at night trying to fall asleep.						○
23.	I felt all alone.						◇
24.	I have been very irritable.						△
25.	I had a difficult time making a simple decision.						□
26.	I felt like I was not normal.						☆
27.	I felt like I had to hide what I was thinking or feeling toward the baby.						☆
28.	I felt that my baby would be better off without me.						
29.	I knew I should eat but I could not.						○
30.	I felt like I had to keep moving or pacing.						□
31.	I felt full of anger ready to explode.						△
32.	I had difficulty focusing on a task.						☆
33.	I did not feel real.						☆
34.	I felt like a failure as a mother.						+
35.	I just wanted to leave this world.						