



City Birth Trauma Scale

This questionnaire asks about your experience during the birth of your most recent baby. It asks about potential traumatic events during (or immediately after) the labour and birth, and whether you are experiencing symptoms that are reported by some women after birth. Please tick the responses closest to your experience.

What date was your baby born? _____

| | | |
|--|-----|----|
| During the labour, birth and immediately afterwards: | | |
| Did you believe you or your baby would be seriously injured? | Yes | No |
| Did you believe you or your baby would die? | Yes | No |

The next questions ask about symptoms that you might have experienced. Please indicate how often you have experienced the following symptoms in the last week:

| Symptoms about the birth* | NOT AT ALL | ONCE | 2 - 4 TIMES | 5 OR MORE TIMES |
|---|------------|------|-------------|-----------------|
| Recurrent unwanted memories of the birth (or parts of the birth) that you can't control | | | | |
| Bad dreams or nightmares about the birth (or related to the birth) | | | | |
| Flashbacks to the birth and/or reliving the experience | | | | |
| Getting upset when reminded of the birth | | | | |
| Feeling tense or anxious when reminded of the birth | | | | |
| Trying to avoid thinking about the birth | | | | |
| Trying to avoid things that remind me of the birth (e.g. people, places, TV programs) | | | | |
| Not able to remember details of the birth | | | | |
| Blaming myself or others for what happened during the birth | | | | |
| Feeling strong negative emotions about the birth (e.g. fear, anger, shame) | | | | |

* Although these questions refer to the birth, many women have symptoms about events that happened just before or after birth. If this is the case for you, and the events were related to pregnancy, birth or the baby then please answer for these events.

| Symptoms that began or got worse since the birth | NOT AT ALL | ONCE | 2 - 4 TIMES | 5 OR MORE TIMES |
|--|------------|------|-------------|-----------------|
| Feeling negative about myself or thinking something awful will happen | | | | |
| Lost interest in activities that were important to me | | | | |
| Feeling detached from other people | | | | |
| Not able to feel positive emotions (e.g. happy, excited) | | | | |
| Feeling irritable or aggressive | | | | |
| Feeling self-destructive or acting recklessly | | | | |
| Feeling tense and on edge | | | | |
| Feeling jumpy or easily startled | | | | |
| Problems concentrating | | | | |
| Not sleeping well because of things that are not due to the baby's sleep pattern | | | | |
| Feeling detached or as if you are in a dream | | | | |
| Feeling things are distorted or not real | | | | |

If you have any of these symptoms:

| When did these symptoms start? | |
|-------------------------------------|--|
| Before the birth | |
| In the first 6 months after birth | |
| More than 6 months after birth | |
| Not applicable (I have no symptoms) | |

| How long have these symptoms lasted? | |
|--------------------------------------|--|
| Less than 1 month | |
| 1 to 3 months | |
| 3 months or more | |
| Not applicable (I have no symptoms) | |

| | | | |
|--|-----|----|-----------|
| Do these symptoms cause you a lot of distress? | Yes | No | Sometimes |
| Do they prevent you doing things you usually do (e.g. socialising, daily activities)? | Yes | No | Sometimes |
| Could any of these symptoms be due to medication, alcohol, drugs, or physical illness? | Yes | No | Maybe |

Thank you for completing this questionnaire