

City Birth Trauma Scale



Date of your baby's birth? _____

During the labor, 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

Over the last 2 weeks, how often have you been bothered by the following problem

Please check the box next to the appropriate response to each question:

Symptoms that began or got worse since 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 strong negative emotions about the birth (e.g. fear, anger, shame)				
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 Feeling				
Blaming myself or others for what happened during the birth				
Feeling strong negative emotions about the birth (e.g. fear, anger, shame)				
Feeling negative about myself or thinking something awful will happen				
Lost interest in activities that were important to me				
Feeling detached from other people				

Symptoms that began or got worse since the birth	NOT AT ALL	ONCE	2-4 TIMES	5 or more Times
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				

When did these symptoms start?	Before birth	In the first 6 months after the birth	More than six months after birth	I have no symptoms
How long have these symptoms lasted	Less than 1 month	1 to 3 months	3 months or more	I have no symptoms
Do these symptoms cause you a lot of distress?	Yes	No	Sometimes	
Do they prevent you from doing things you usually do (e.g. socializing, daily activities)?	Yes	No	Sometimes	
Could any of these symptoms be due to medication, alcohol, drugs, or physical illness?	Yes	No	Maybe	