

HBDModified Acute Stress Disorder Scale (ASDS)

Bryant, R., Moulds, M., & Guthrie, R. (2000). Acute Stress Disorder Scale: A self-report measure of Acute Stress Disorder. *Psychological Assessment*, 12(1), 61-68. doi:[10.1037/1040-3590.12.1.61](https://doi.org/10.1037/1040-3590.12.1.61)

Briefly describe your recent birth experience:

Did the experience frighten you? Yes No

Please answer each of these questions about how you have felt since the birth. Circle one number of these questions about how you have felt since the event. Circle one number next to each question to indicate how you have felt.

- 1 = Not at all
- 2 = Mildly
- 3 = Medium
- 4 = Quite a bit
- 5 = Very much

1. During or after the birth, did you ever feel numb or distant from your emotions?	1	2	3	4	5
2. During or after the birth, did you ever feel in a daze?	1	2	3	4	5
3. During or after the birth, did things around you ever feel unreal or dreamlike?	1	2	3	4	5
4. During or after the birth, did you ever feel distant from your normal self or like you were watching it happen from outside?	1	2	3	4	5
5. Have you been unable to recall important aspects of the birth?	1	2	3	4	5
6. Have memories of the birth kept entering your mind?	1	2	3	4	5
7. Have you had bad dreams or nightmares about the birth?	1	2	3	4	5
8. Have you felt as if the birth was about to happen again?	1	2	3	4	5
9. Do you feel very upset when you are reminded of the birth?	1	2	3	4	5
10. Have you tried to not think about the birth?	1	2	3	4	5
11. Have you tried to not talk about the birth?	1	2	3	4	5
12. Have you tried to avoid situations or people that remind you of the birth?	1	2	3	4	5
13. Have you tried not to feel upset or distressed about the birth?	1	2	3	4	5
14. Have you had trouble sleeping since the birth?	1	2	3	4	5
15. Have you felt more irritable since the birth?	1	2	3	4	5
16. Have you had difficulty concentrating since the birth?	1	2	3	4	5
17. Have you become more alert to danger since the birth?	1	2	3	4	5
18. Have you become jumpy since the birth?	1	2	3	4	5
19. When you are reminded of the birth, do you sweat or tremble or does your heart beat fast?	1	2	3	4	5

Score > 50 = referral to behavioral health

Original Acute Stress Disorder Scale (ASDS)

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Briefly describe your recent birth experience:

Did the experience frighten you? Yes No

Please answer each of these questions about how you have felt since the birth. Circle one number of these questions about how you have felt since the event. Circle one number next to each question to indicate how you have felt.

- 1 = Not at all
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- 4 = Quite a bit
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1. During or after the trauma, did you ever feel numb or distant from your emotions?	1	2	3	4	5
2. During or after the trauma, did you ever feel in a daze?	1	2	3	4	5
3. During or after the trauma, did things around you ever feel unreal or dreamlike?	1	2	3	4	5
4. During or after the trauma, did you ever feel distant from your normal self or like you were watching it happen from outside?	1	2	3	4	5
5. Have you been unable to recall important aspects of the trauma?	1	2	3	4	5
6. Have memories of the trauma kept entering your mind?	1	2	3	4	5
7. Have you had bad dreams or nightmares about the trauma?	1	2	3	4	5
8. Have you felt as if the trauma was about to happen again?	1	2	3	4	5
9. Do you feel very upset when you are reminded of the trauma?	1	2	3	4	5
10. Have you tried to not think about the trauma?	1	2	3	4	5
11. Have you tried to not talk about the trauma?	1	2	3	4	5
12. Have you tried to avoid situations or people that remind you of the trauma?	1	2	3	4	5
13. Have you tried not to feel upset or distressed about the trauma?	1	2	3	4	5
14. Have you had trouble sleeping since the trauma?	1	2	3	4	5
15. Have you felt more irritable since the trauma?	1	2	3	4	5
16. Have you had difficulty concentrating since the trauma?	1	2	3	4	5
17. Have you become more alert to danger since the trauma?	1	2	3	4	5
18. Have you become jumpy since the trauma?	1	2	3	4	5
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