A. Baseline Stress Level Scale

Instructions: Rate each of the items below to reflect how you tended to behave most of the time before you became pregnant. Don't just write the answer based on a hypothetical bad day or a good day you might have had. Your score should give you a sense of your overall response to stress over the past couple of years. Think about each item in terms of 0 = never, 1 = some, or 2 = always. Circle the number that best represents how you would rate yourself for each statement.

1. Taking Time to Relax	never	some	always
I feel guilty about resting or taking time for myself.	0	1	2
When I decide to relax, it takes time to really feel relaxed.	0	1	2
It's rare for me to take a break during the day for relaxation.	0	1	2
I hate to be interrupted before I am finished with a task.	0	1	2
I feel I have more to do than I have time to do it.	0	1	2
		Total 1	

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2. Worrying or Fussing about Things	never	some	always
I tend to think about all the bad things that can happen.	0	1	2
It is hard to get worries off my mind.	0	1	2
I am likely to go over and over things that upset me.	0	1	2
I can feel so overwhelmed that I am close to tears.	0	1	2
When things go wrong, I am easily irritated and emotional.	0	1	2
		Total 2	

3. Amount and Quality of Your Sleep	never	some	always		
I sleep less than 8 hours a night.	0	1	2		
I fall asleep dead exhausted at night.	0	1	2		
I have trouble falling asleep at night.	0	1	2		
I wake up still tired.	0	1	2		
Once I lay down, my mind starts to run, think, go.	0	1	2		
		Total 3			
4. Mental Activity and Self-Talk	never	some	always		
My mind wanders.	0	1	2		
I talk inside my head while others are talking.	0	1	2		
My mind restlessly moves from one thought to the next.	0	1	2		
I feel a need to be thinking or creating something in my mind.	0	1	2		
Even after a problem is resolved, I cannot drop it and go on.	0	1	2		
		Total 4			
5. Signs of Physical Stress	never	some	always		
I sigh frequently when feeling stressed.	0	1	2		
I find myself holding my breath when I get tense.	0	1	2		
I am easily startled by sudden, unexpected, or loud noises.	0	1	2		
I carry a lot of tension in my body (eyes, shoulders, stomach, etc.).	0	1	2		
I am so nervous that I bite my lip, chew nails, or shake.	0	1	2		
		Total 5			
BASELINE TOTAL A = 1 + 2 + 3 + 4 + 5 =					