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Supplementary Material

Article Title: Pregnancy-Specific Anxiety Tool (PSAT): Instrument Development and Psychometric Evaluation

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Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

Supplementary Table 1. Domains and Sub-domains of the Initial Item Pool (number of items=41)

| |
|---|
| Domain and sub-domains |
| Specific cognitions |
| - Fetus/baby's health (6 items) |
| - Childbirth (3 items) |
| - Pregnant person's wellbeing (2 items) |
| - Body image (1 item) |
| - Parenting and care for baby (2 items) |
| - Maternity care-related (1 item) |
| - Financial (2 items) |
| - Career/study (1 item) |
| - Support (3 items) |
| Severity |
| - Constant and multiple worries (8 items) |
| - Avoidance (3 items) |
| - Sleep interruption (2 items) |
| - Daily life and relationship interruptions (4 items) |
| - Harm to baby (2 items) |
| Confidence |
| - Having a healthy baby (1 item) |

Supplementary Appendix 1: Pregnancy Specific Anxiety Tool (PSAT) [in public domain]
Scoring Guide

All items except partner items are scored from 1 to 4. Partner items are scored 1 to 5, with 5 being “not applicable.” Items 1, 19, and 31 are reverse scored. The averages of the items within each latent factor are calculated and then summed across all factors for each participant. Factor 1: items 1-14; Factor 2: items 15-19; Factor 3: items 20-23; Factor 4: items 24-26; Factor 5: items 27-29; Factor 6: items 30-33

PSAT score = [(person’s score on factor 1)/14]+ [(person’s score on factor 2)/5]+ [(person’s score on factor 3)/4]+ [(person’s score on factor 4)/3]+ [(person’s score on factor 5)/3]+ [(person’s score on factor 6)/4]

Instrument

The following questions are about how often you have experienced each statement during the past week (last 7 days). Please choose the option that most closely describes your experience for each statement. Please remember there are no right or wrong answers.

[Response Options: 1. Never; 2. Sometimes; 3. Most times; 4. Always]

1. I have been able to concentrate on tasks/things that I was doing.
2. My worries have been constantly on my mind.
3. I have worried about a lot of things.
4. There has been so much on my mind that I could not take care of myself properly.
5. My worries have interfered with my sleep.
6. When I worried about something, I could not stop thinking about it.
7. I could not make decisions because I have been worried to think about them.
8. I have worried so much that it made me cry.
9. My relationships have been affected negatively because of my worry.
10. My mind has gone blank because of my worry.
11. My anxiety has interfered with my daily life.
12. I have been so worried that I couldn't think about anything else.
13. I have experienced panic attacks.
14. I am worried that my baby is being affected by my worry.

The following questions ask about your feelings about your pregnancy and baby. For each statement, please indicate your feelings and experiences by choosing one of the response options. Please remember there are no right or wrong answers.

[Response Options: 1. Not at all; 2. Somewhat; 3. Moderately; 4. Very much; *5. Not Applicable]

15. I did not want to think about my pregnancy because I might lose the baby.
16. I have been very afraid of doing something that could harm the baby.
17. I am concerned (worried) about the health and well-being of my baby.
18. I am concerned (worried) that my baby could have problems with development.
19. I am confident that my baby will be healthy.
20. I am scared about labour.
21. I am concerned (worried) that the baby could be injured during labour.
22. I am concerned (worried) that I might have a difficult delivery/labour.
23. I am afraid that I could die during the pregnancy or labour.
24. I am worried about getting back into shape after the birth.
25. I am worried whether I am going to be a good parent.
26. I am worried that I won't be able to bond with this baby.
27. * I am worried that my partner has to make up for the income I lose during maternity/parental leave.
28. I am worried if I can afford the baby's expenses.
29. I am worried how my pregnancy and raising the baby will impact my career/study.
30. I am worried that my health care provider won't support my decisions about my pregnancy.
31. * I feel my partner is available when I need him/her.
32. I am worried that I don't have enough support.
33. * I am worried because my relationship with my partner is not going well.

All items except partner items are scored from 1 to 4.

* Partner items are scored 1 to 5, with 5 being “not applicable.”