***Instructions***: Keeping your worst traumatic event in mind, please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Not at all*** | ***A little Bit*** | ***Moderately*** | ***Quite***  ***a bit*** | ***Extremely*** |
| 1. Having upsetting dreams that replay part of the experience or are clearly related to the experience? | 0 | 1 | 2 | 3 | 4 |
| 1. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now? | 0 | 1 | 2 | 3 | 4 |
| 1. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)? | 0 | 1 | 2 | 3 | 4 |
| 1. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? | 0 | 1 | 2 | 3 | 4 |
| 1. Being “superalert” or watchful or on guard? | 0 | 1 | 2 | 3 | 4 |
| 1. Feeling jumpy or easily startled | 0 | 1 | 2 | 3 | 4 |
| **In the past month, have the above symptoms:** | | | | | |
| 1. Affected your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 1. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 1. Affected any other important part of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

**Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience. The questions refer to wa*ys you *typically* feel, ways you *typically* think about yourself and ways you *typically* relate to others. Answer the following thinking about how true each statement is of you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Not at all*** | ***A little Bit*** | ***Moderately*** | ***Quite***  ***a bit*** | ***Extremely*** |
| 1. When I am upset, it takes me a long time to calm down. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel numb or emotionally shut down. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel like a failure. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel worthless. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel distant or cut off from people. | 0 | 1 | 2 | 3 | 4 |
| 1. I find it hard to stay emotionally close to people. | 0 | 1 | 2 | 3 | 4 |
| **In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:** | | | | | |
| 1. Created concern or distress about your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 1. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 1. Affected any other important parts of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |