

Name _____; Center Number ; Subject I.D. Number ; Age ;
 Sex: Male Female; Today's Date (write month, day and year) //; Week of Treatment:

Here is a list of problems people sometimes have after very bad things happen. Please **THINK** about the bad thing that happened to you. Then, **READ** each problem on the list carefully. **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you in the **past month**. Use the **Rating Sheet** on Page 3 to help you decide how often the problem has happened in the past month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

	None	Little	Some	Much	Most
HOW MUCH OF THE TIME DURING THE PAST MONTH					
1 _{D4} I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 _{B4} When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3 _{B1} I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4 _{D2} I feel grouchy, angry or mad.	0	1	2	3	4
5 _{B2} I have dreams about what happened or other bad dreams.	0	1	2	3	4
6 _{B3} I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 _{C4} I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 _{C5} I feel alone inside and not close to other people.	0	1	2	3	4
9 _{C1} I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 _{C6} I have trouble feeling happiness or love.	0	1	2	3	4

HOW MUCH OF THE TIME DURING THE PAST MONTH	None	Little	Some	Much	Most
11 _{C6} I have trouble feeling sadness or anger.	0	1	2	3	4
12 _{D5} I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
13 _{D1} I have trouble going to sleep or I wake up often during the night.	0	1	2	3	4
14 _{AF} I think that some part of what happened is my fault.	0	1	2	3	4
15 _{C3} I have trouble remembering important parts of what happened.	0	1	2	3	4
16 _{D3} I have trouble concentrating or paying attention.	0	1	2	3	4
17 _{C2} I try to stay away from people, places, or things that make me remember what happened.	0	1	2	3	4
18 _{B5} When something reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches, or my stomach aches.	0	1	2	3	4
19 _{C7} I think that I will not live a long life.	0	1	2	3	4
20 _{D2} I have arguments or physical fights.	0	1	2	3	4
21 _{C7} I feel pessimistic or negative about my future.	0	1	2	3	4
22 _{AF} I am afraid that the bad thing will happen again.	0	1	2	3	4

