<u>INSTRUCTIONS</u>: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in the past month</u>.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated, disturbing <i>memories, thoughts,</i> or <i>images</i> of a stressful experience from the past?	1	2	3	4	5
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
3.	Suddenly <i>acting</i> or <i>feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4.	Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
6.	Avoiding <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7.	Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of a stressful experience from the past?	1	2	3	4	5
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15.	Having difficulty concentrating?	1	2	3	4	5
16.	Being "super-alert" or watchful or on guard?	1	2	3	4	5
17.	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

National Center for PTSD - Behavioral Science Division

Name: _____