

COVID_LEC_PCL_v2

Survey Flow

Block: LEC (2 Questions)

EmbeddedData

LEC5_total_raw = \${gr://SC_3fr0amZaKrFfAWh/Score}

PCL5_total_raw = \${gr://SC_25peMN8eLUBlyZL/Score}

PCL5_B_raw = \${gr://SC_4ZqgnjzEsouZKZ/Score}

PCL5_C_raw = \${gr://SC_4OT1Qa29rrpgLWJ/Score}

PCL5_D_raw = \${gr://SC_eVv7SPCL07cUnop/Score}

PCL5_E_raw = \${gr://SC_2s43yDc5ShnIK0Z/Score}

Page Break

Start of Block: LEC

LEC1 Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

| | Happened to me (1) | Witnessed it (2) | Learned about it (3) | Part of my job (4) | Not sure (5) | Doesn't apply (6) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Natural disaster (for example, flood, hurricane, tornado, earthquake) (1) | <input type="checkbox"/> |
| Fire or explosion (2) | <input type="checkbox"/> |
| Transportation accident (for example, car accident, boat accident, train wreck, plane crash) (3) | <input type="checkbox"/> |
| Serious accident at work, home, or during recreational activity (4) | <input type="checkbox"/> |
| Exposure to toxic substance (for example, dangerous chemicals, radiation) (5) | <input type="checkbox"/> |
| Physical assault (for example, | <input type="checkbox"/> |

being attacked, hit, slapped, kicked, beaten up) (6)

Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb) (7)

Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm) (8)

Other unwanted or uncomfortable sexual experience (9)

Combat or exposure to a war-zone (in the military or as a civilian) (10)

Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war) (11)

Life-threatening illness or injury (12)

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Severe human suffering (13)

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Sudden violent death (for example, homicide, suicide) (14)

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Sudden accidental death (15)

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Serious injury, harm, or death you caused to someone else (16)

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Any other very stressful event or experience (17)

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Page Break

PCL1 Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of options to indicate how much you have been bothered by that problem in the past month.

| | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Repeated, disturbing, and unwanted memories of the stressful experience? (1) | <input type="radio"/> |
| Repeated, disturbing dreams of the stressful experience? (2) | <input type="radio"/> |
| Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? (3) | <input type="radio"/> |
| Feeling very upset when something reminded you of the stressful experience? (4) | <input type="radio"/> |
| Having strong physical reactions when something reminded you of the stressful experience | <input type="radio"/> |

(for example, heart pounding, trouble breathing, sweating)? (5)

Avoiding memories, thoughts, or feelings related to the stressful experience? (6)

Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? (7)

Trouble remembering important parts of the stressful experience? (8)

Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with

me, no one
can be
trusted, the
world is
completely
dangerous)?
(9)

Blaming
yourself or
someone else
for the
stressful
experience or
what
happened
after it? (10)

Having strong
negative
feelings such
as fear, horror,
anger, guilt, or
shame? (11)

Loss of
interest in
activities that
you used to
enjoy? (12)

Feeling distant
or cut off from
other people?
(13)

Trouble
experiencing
positive
feelings (for
example,
being unable
to feel
happiness or
have loving
feelings for
people close
to you)? (14)

Irritable
behavior,
angry

outbursts, or
acting
aggressively?
(15)

Taking too
many risks or
doing things
that could
cause you
harm? (16)

Being
“superalert” or
watchful or on
guard? (17)

Feeling jumpy
or easily
startled? (18)

Having
difficulty
concentrating?
(19)

Trouble falling
or staying
asleep? (20)

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End of Block: LEC
