

# COVID\_LEC\_PCL\_v5\_Sept20

## Survey Flow

Block: LEC (21 Questions)

### EmbeddedData

LEC5\_Sept20\_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

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Start of Block: LEC

LEC1\_Sept20 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.

For this set of questions, please only let us know if any of these events have happened to you **since September 2020** (i.e. in the past 10 months).

	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, wildfire, 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)

<input type="checkbox"/>					
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<input type="checkbox"/>					
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<input type="checkbox"/>					
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<input type="checkbox"/>					
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<input type="checkbox"/>					
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Severe human suffering (13)

<input type="checkbox"/>					
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Sudden violent death (for example, homicide, suicide) (14)

<input type="checkbox"/>					
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Sudden accidental death (15)

<input type="checkbox"/>					
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Serious injury, harm, or death you caused to someone else (16)

<input type="checkbox"/>					
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Any other very stressful event or experience (17)

<input type="checkbox"/>					
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*Display This Question:*

*If Listed below are a number of difficult or stressful things that sometimes happen to people. For e...  
= Natural disaster (for example, wildfire, flood, hurricane, tornado, earthquake) [ Happened to me ]*

*Or Listed below are a number of difficult or stressful things that sometimes happen to people. For e...  
= Natural disaster (for example, wildfire, flood, hurricane, tornado, earthquake) [ Witnessed it ]*

*Or Listed below are a number of difficult or stressful things that sometimes happen to people. For e...  
= Natural disaster (for example, wildfire, flood, hurricane, tornado, earthquake) [ Learned about it ]*

*Or Listed below are a number of difficult or stressful things that sometimes happen to people. For e...  
= Natural disaster (for example, wildfire, flood, hurricane, tornado, earthquake) [ Part of my job ]*

*Or Listed below are a number of difficult or stressful things that sometimes happen to people. For e...  
= Natural disaster (for example, wildfire, flood, hurricane, tornado, earthquake) [ Not sure ]*

disaster\_Sept20 In the previous set of questions you indicated that, since September 2020 (i.e. in the past 10 months), you may have been affected by one or more natural disasters. We would like to know a little more about your experience. In the next set of questions, please tell us more about the top three (or fewer) natural disasters that you were affected by in this time period, starting with the most stressful and ending with the least.

*Display This Question:*

*If In the previous set of questions you indicated that, since September 2020 (i.e. in the past 10 mo...  
Is Displayed*

disaster1\_1\_Sept20 What kind of natural disaster was the most stressful for you in the period since September 2020?

- Wildfire (1)
- Flood (4)
- Hurricane (5)
- Tornado (6)
- Earthquake (7)
- Other, please specify: (8) \_\_\_\_\_
- N/A - on second thought I don't think I was affected by a natural disaster. (9)

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*Display This Question:*

*If In the previous set of questions you indicated that, since September 2020 (i.e. in the past 10 mo... Is Displayed*

*And What kind of natural disaster was the most stressful for you in the period since September 2020? != N/A - on second thought I don't think I was affected by a natural disaster.*

disaster1\_2\_Sept20 How long ago did it happen? (please estimate if you are not sure)

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster1\_3\_Sept20 How did you experience it?

- It happened to me directly. (1)
- I witnessed it. (4)
- I learned about it happening to a close family member or close friend. (5)
- I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder). (6)
- Other, please describe: (7) \_\_\_\_\_

*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster1\_4\_Sept20 Was someone's life in danger?

- Yes, my life. (1)
- Yes, someone else's life. (2)
- No. (3)

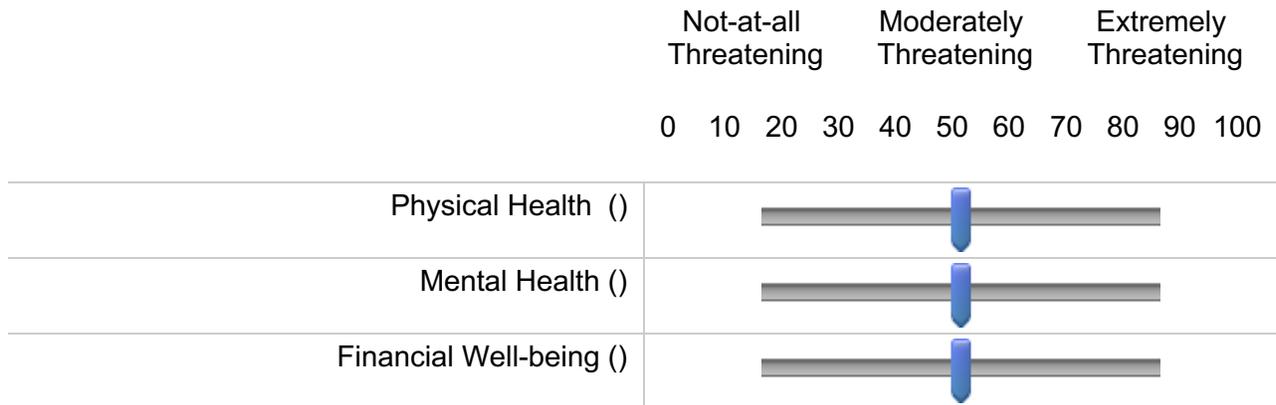
Display This Question:  
If If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed

disaster1\_5\_Sept20 Was someone seriously injured or killed?

- Yes, I was seriously injured. (1)
- Yes, someone else was seriously injured or killed. (2)
- No. (3)

Display This Question:  
If If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed

disaster1\_6\_Sept20 Please indicate how threatening this event was to your physical health, your mental health, and your financial well-being, on a scale from 0 (Not-at-all) to 100 (Extremely).



Page Break

*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster2\_1\_Sept20 What kind of natural disaster was the second most stressful for you in the period since September 2020?

- Wildfire (1)
- Flood (4)
- Hurricane (5)
- Tornado (6)
- Earthquake (7)
- Other, please specify: (8) \_\_\_\_\_
- N/A, I was only affected by one natural disaster in that time period. (10)

*Display This Question:*

*If What kind of natural disaster was the second most stressful for you in the period since September... != N/A, I was only affected by one natural disaster in that time period.*

*And What kind of natural disaster was the second most stressful for you in the period since September... , Wildfire Is Displayed*

disaster2\_2\_Sept20 How long ago did it happen? (please estimate if you are not sure)

\_\_\_\_\_

*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster2\_3\_Sept20 How did you experience it?

- It happened to me directly. (1)
- I witnessed it. (4)
- I learned about it happening to a close family member or close friend. (5)
- I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder). (6)
- Other, please describe: (7) \_\_\_\_\_

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster2\_4\_Sept20 Was someone's life in danger?

- Yes, my life. (1)
- Yes, someone else's life. (2)
- No. (3)

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster2\_5\_Sept20 Was someone seriously injured or killed?

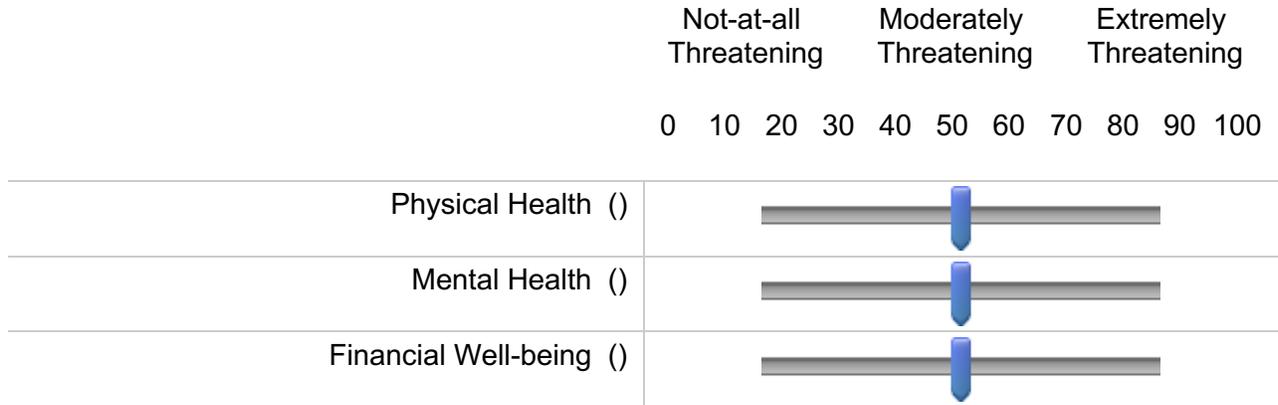
- Yes, I was seriously injured. (1)
- Yes, someone else was seriously injured or killed. (2)
- No. (3)

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster2\_6\_Sept20 Please indicate how threatening this event was to your physical health, your mental health, and your financial well-being, on a scale from 0 (Not-at-all) to 100 (Extremely).



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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster3\_1\_Sept20 What kind of natural disaster was the third most stressful for you in the period since September 2020?

- Wildfire (1)
- Flood (4)
- Hurricane (5)
- Tornado (6)
- Earthquake (7)
- Other, please specify: (8) \_\_\_\_\_
- N/A, I was only affected by two natural disasters in that time period. (10)

*Display This Question:*

*If What kind of natural disaster was the third most stressful for you in the period since September... != N/A, I was only affected by two natural disasters in that time period.*

*And What kind of natural disaster was the third most stressful for you in the period since September... , Wildfire Is Displayed*

disaster3\_2\_Sept20 How long ago did it happen? (please estimate if you are not sure)

\_\_\_\_\_

*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster3\_3\_Sept20 How did you experience it?

- It happened to me directly. (1)
- I witnessed it. (4)
- I learned about it happening to a close family member or close friend. (5)
- I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder). (6)
- Other, please describe: (7) \_\_\_\_\_

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster3\_4\_Sept20 Was someone's life in danger?

- Yes, my life. (1)
- Yes, someone else's life. (2)
- No. (3)

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster3\_5\_Sept20 Was someone seriously injured or killed?

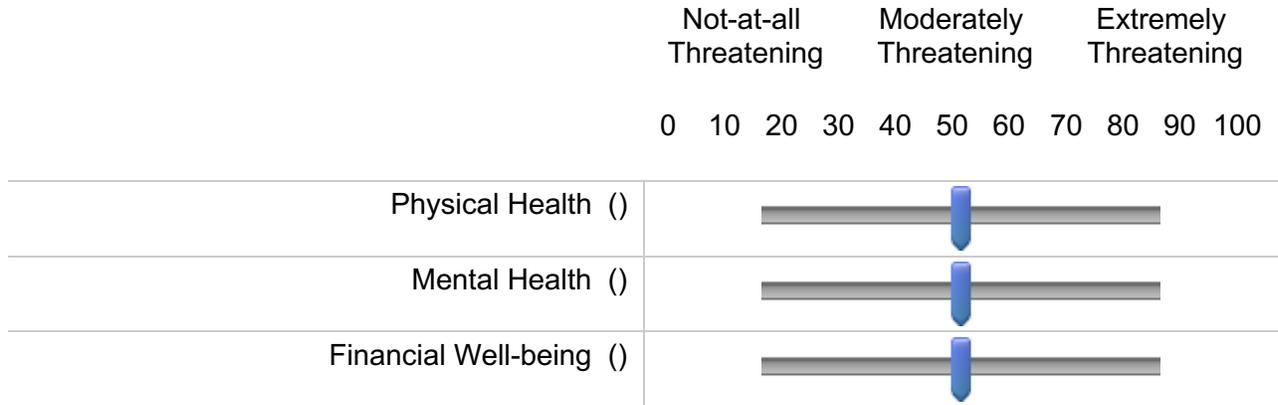
- Yes, I was seriously injured. (1)
- Yes, someone else was seriously injured or killed. (2)
- No. (3)

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*Display This Question:*

*If How long ago did it happen? (please estimate if you are not sure) Text Response Is Displayed*

disaster3\_6\_Sept20 Please indicate how threatening this event was to your physical health, your mental health, and your financial well-being, on a scale from 0 (Not-at-all) to 100 (Extremely).



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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

<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

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)

<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

End of Block: LEC

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