

# 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_4ZqgnyjzEsouZKZ/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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire or explosion (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation accident (for example, car accident, boat accident, train wreck, plane crash) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious accident at work, home, or during recreational activity (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to toxic substance (for example, dangerous chemicals, radiation) (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault (for example,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of the stressful experience? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of the stressful experience? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong physical reactions when something reminded you of the stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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

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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

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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

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