

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_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

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"/>	<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)

☐☐☐☐☐☐

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

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Sudden
accidental
death (15)

☐☐☐☐☐☐

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

☐☐☐☐☐☐

Any other very
stressful event
or experience
(17)

☐☐☐☐☐☐

Page Break

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)

Page Break

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)

Display This Question:

If 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 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

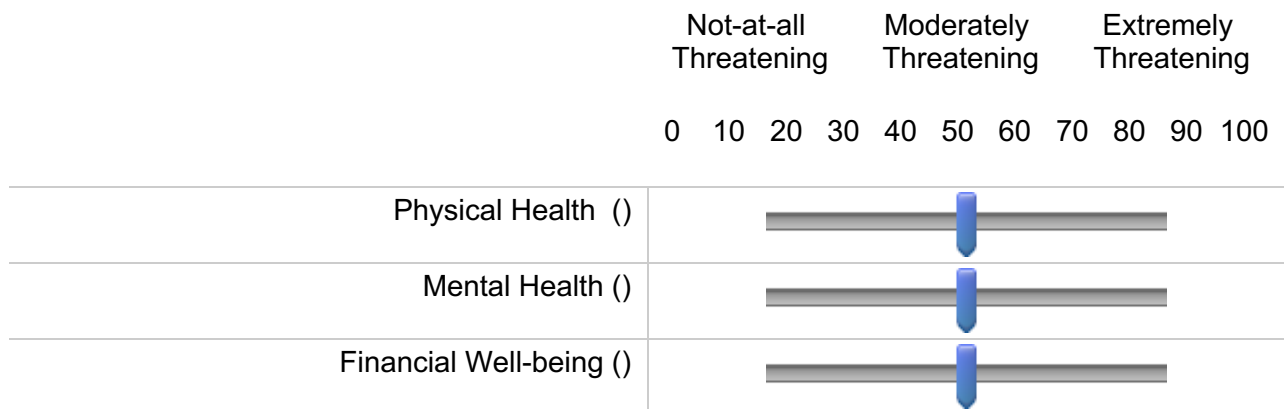
disaster1_5_Sept20 Was someone seriously injured or killed?

- ☐ 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 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 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) _____

Display This Question:

If 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)

Display This Question:

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

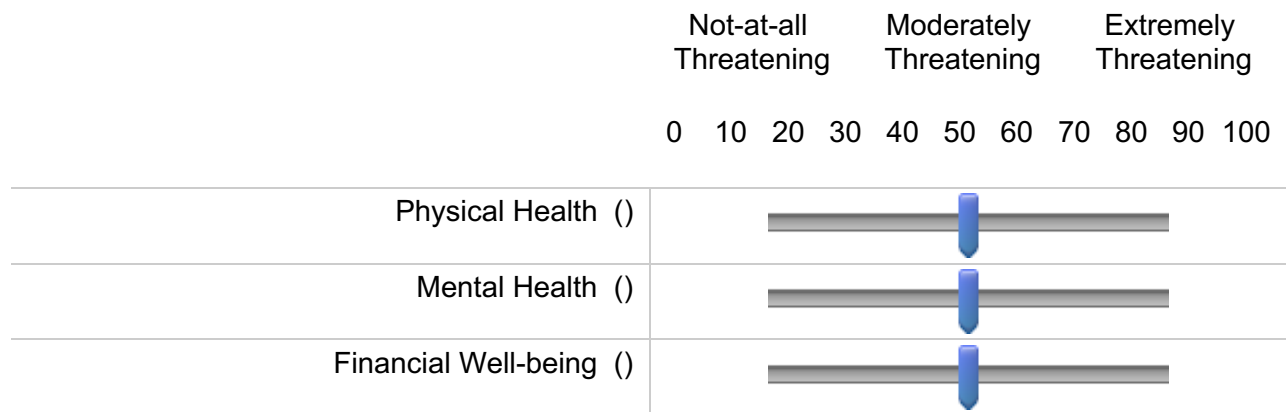
disaster2_5_Sept20 Was someone seriously injured or killed?

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

Display This Question:

If 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).



Page Break

Display This Question:

If 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 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) _____

Display This Question:

If 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)

Display This Question:

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

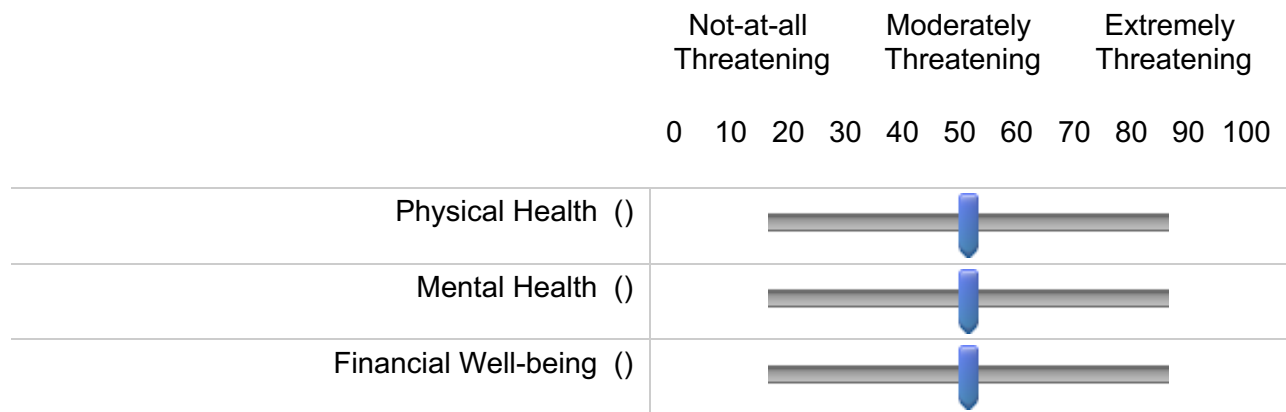
disaster3_5_Sept20 Was someone seriously injured or killed?

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

Display This Question:

If 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).



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"/>	<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
