

COVID_LEC_PCL

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

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)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Severe
human
suffering (13)

☐☐☐☐☐☐

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

☐☐☐☐☐☐

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

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 the numbers to the right 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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

End of Block: LEC
