

Traumatic Experiences Measure:

Adapted from the LEC-5 for research and screening purposes

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the rectangles 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, firefighter, military, or some other first responder); (e) you're **not sure** if it fits; (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.

	<i>Event:</i>	<i>Happened to Me</i>	<i>Witnessed It</i>	<i>Learned about It</i>	<i>Part of my Job</i>	<i>Not Sure</i>	<i>Doesn't Apply</i>
1.	Natural disaster (example: flood, hurricane, tornado, earthquake)						
2.	Fire or explosion						
3.	Transportation accident (example: car accident, boat accident, train wreck, plane crash)						
4.	Serious accident at work, home, or during recreational activity						
5.	Exposure to toxic substance (example: dangerous chemicals, radiation)						
6.	Physical assault (example: being attacked, hit, slapped, kicked, beaten up)						
7.	Assault with a weapon (example: being shot, stabbed, threatened with a knife, gun, bomb)						
8.	Sexual assault (example: rape, attempted rape, made to preform any type of sexual act through force or threat or harm)						
9.	Other unwanted or uncomfortable sexual experience						
10.	Combat or exposure to a war zone (in the military or as a civilian)						
11.	Captivity (example: being kidnapped, abducted, held hostage, prisoner of war)						
12.	Life threatening illness or injury						
13.	Severe human suffering						
14.	Sudden violent death (example: homicide, suicide)						
15.	Sudden accidental death						
16.	Serious injury, harm, or death you caused to someone else						
17.	Any other very stressful event or experience						

(LEC-5 (10/27/2013) Weathers, Blake, Schnurr, Kaloupek, Marx, & Keane – National Center for PTSD)

PTSD Symptomatology Measure:

Adapted from the PCL-5 for research and screening purposes

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

	<i>In the past month, how much were you bothered by:</i>	<i>Not at All</i>	<i>A Little Bit</i>	<i>Moderately</i>	<i>Quite a Bit</i>	<i>Extremely</i>
1.	Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2.	Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3.	Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4.	Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5.	Having strong physical reactions when something reminded you of the stressful experience (<i>example: heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6.	Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7.	Avoiding external reminders of the stressful experience (<i>example: people, places, conversations, activities, objects, or situations</i>)?	0	1	2	3	4
8.	Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9.	Having strong negative beliefs about yourself, other people, or the world (<i>example: having thoughts such as, I am bad, there is something seriously wrong with me, no one can be trusted, and/or the world is completely dangerous</i>)?	0	1	2	3	4
10.	Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11.	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12.	Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13.	Feeling distant or cut off from other people?	0	1	2	3	4
14.	Trouble experiencing positive feelings (<i>example: being unable to feel happiness or have loving feelings for people close to you</i>)?	0	1	2	3	4
15.	Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16.	Taking too many risks or doing things that could cause you harm?	0	1	2	3	4

	<i>In the past month, how much were you bothered by:</i>	<i>Not at All</i>	<i>A Little Bit</i>	<i>Moderately</i>	<i>Quite a Bit</i>	<i>Extremely</i>
17.	Being “super alert” or watchful or on guard?	0	1	2	3	4
18.	Feeling jumpy or easily startled?	0	1	2	3	4
19.	Having difficulty concentrating?	0	1	2	3	4
20.	Trouble falling or staying asleep?	0	1	2	3	4

(PCL-5 (8/14/2013) Weathers, Litz, Keane, Palmieri, Marx, & Schurr – National Center for PTSD)

Purpose: The Life Events Checklist for the DSM-5 (LEC-5) is a 17 item self-report measure designed to screen for potentially traumatic events over an individual's life span, and the Posttraumatic Checklist for the DSM-5 (PCL -5) is a 20 item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. These measures used in conjunction can be used to screen for PTSD, and make a provisional diagnosis. The PCL-5 can also be used to monitor symptom change during and after treatment.

Scoring and Interpretation: The PCL-5 assesses 4 symptom clusters of the DSM-5 PTSD. Cluster B is made of items 1-5, Cluster C is made up of items 6-7, Cluster D is composed of items 8-14, and Cluster E are composed of items 15-20. Each item endorsed as a 2 or higher is considered a PTSD symptom. The DSM-5 requires at least 1 item from Cluster B, 1 Cluster C item, 2 Cluster D items, and 2 Cluster E items. A PLC-5 cut-point of 38 appears to be reasonable. Five points of change is the minimum threshold for determining whether an individual has responded to treatment, and 10 points is the minimum threshold for determining whether the improvement is clinically meaningful.