

PCL-C

Name

Date

The next questions are about problems and complaints that people sometimes have in response to TRAUMATIC life experiences. (e.g. fire, flood, natural disaster, accident, physical or sexual assault, combat, witnessing a death etc). ONLY ANSWER THIS IF YOU HAVE HAD SUCH AN EXPERIENCE, If so, please indicate how much you have been bothered by each problem in the past month. ANSWER EACH WITH RESPECT TO THE TRAUMA YOU SUFFERED, NOT AS AN INDICATOR OF THE GENERAL DISTRESS YOU MIGHT BE FEELING NOW.

| | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|------------|--------------|------------|-------------|-----------|
| 1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | | | | | |
| 2. Repeated, disturbing dreams of a stressful experience from the past? | | | | | |
| 3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)? | | | | | |
| 4. Feeling very upset when something reminded you of a stressful experience from the past? | | | | | |
| 5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past? | | | | | |
| 6. Avoid thinking or talking about a stressful experience from the past or avoid having feelings related to it? | | | | | |
| 7. Avoid activities or situations because they reminded you of a stressful experience from the past? | | | | | |
| 8. Trouble remembering important parts of a stressful experience from the past? | | | | | |
| 9. Loss of interest in activities that you used to enjoy? | | | | | |
| 10. Feeling distant or cut off from other people? | | | | | |
| 11. Feeling emotionally numb or being unable to have loving feelings for those close to you? | | | | | |
| 12. Feeling as if your future somehow will be cut short? | | | | | |

| | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|------------|--------------|------------|-------------|-----------|
| 13. Trouble falling or staying asleep? | | | | | |
| 14. Feeling irritable or having angry outbursts? | | | | | |
| 15. Having difficulty concentrating? | | | | | |
| 16. Being "super-alert" or watchful or on guard? | | | | | |
| 17. Feeling jumpy or easily startled? | | | | | |

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.