Clients Name............................................................Date of Interview........................................

 Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please tick the “not at all” column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Frequency  | Not at All (0)  | Rarely  (1)  | Some times (3)  | Often  (5)  |
| 1  | I thought about it when I didn't mean to.  |   |   |   |   |
| 2  | I avoided letting myself get upset when I thought about it or was reminded of it.  |   |   |   |   |
| 3  | I tried to remove it from memory.  |   |   |   |   |
| 4  | I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.  |   |   |   |   |
| 5  | I had waves of strong feelings about it.  |   |   |   |   |
| 6  | I had dreams about it  |   |   |   |   |
| 7  | I stayed away from reminders of it.  |   |   |   |   |
| 8  | I felt as it hadn't happened or wasn't real.  |   |   |   |   |
| 9  | I tried not to talk about it.  |   |   |   |   |
| 10  | Pictures about it popped into my mind.  |   |   |   |   |
| 11  | Other things kept making me think about it.  |   |   |   |   |
| 12  | I was aware that I still has a lot of feelings about it, but I didn't deal with them.  |   |   |   |   |
| 13  | I tried not to think about it.  |   |   |   |   |
| 14  | Any reminder brought back feelings about it.  |   |   |   |   |
| 15  | My feelings about it were kind of numb.  |   |   |   |   |

Any extra information (voluntary)

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