



ID No

--	--	--	--



C2. HEALTH AND WELLBEING: POST-TRAUMATIC STRESS

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then colour in the circle that indicates how much you have been bothered by that problem in the past month.

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



ID No

--	--	--	--

Not at all A little bit Moderately Quite a bit Extremely

- 14. Feeling irritable or having angry outbursts? — — — —
- 15. Having difficulty concentrating? — — — —
- 16. Being "super alert" or watchful on guard? — — — —
- 17. Feeling jumpy or easily startled? — — — —

C3. HEALTH AND WELLBEING: SOCIAL SUPPORT

Please indicate to what extent each statement describes your current relationships with other people. So, for example, if you feel a statement is very true of your current relationships, you would respond with a strongly agree. If you feel a statement clearly does not describe your relationships, you would respond with a strongly disagree.

Strongly Disagree Disagree Agree Strongly Agree

- 1. There are people I can depend on to help me if I really need it. — — —
- 2. I feel that I do not have close personal relationships with other people. — — —
- 3. There is no one I can turn to for guidance in times of stress. — — —
- 4. There are people who depend on me for help. — — —
- 5. There are people who enjoy the same social activities I do. — — —
- 6. Other people do not view me as competent. — — —
- 7. I feel personally responsible for the well-being of another person. — — —
- 8. I feel part of a group of people who share my attitudes and beliefs. — — —
- 9. I do not think other people respect my skills and abilities. — — —
- 10. If something went wrong, no one would come to my assistance. — — —
- 11. I have close relationships that provide me with a sense of emotional security and well-being. — — —

