

Practice:

Practitioner:

Date:

Client:

On (date):  You experienced (life event):

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 WEEK. If they did not occur during that time, please tick the "not at all" column. Please use a dark pen (not pencil) and tick clearly within the boxes

OVER THE LAST WEEK	Not at all	Rarely	Sometimes	Often	OFFICE USE ONLY
1. I thought about it when I didn't mean to	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
2. I avoided letting myself get upset when I thought about it or was reminded of it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
3. I tried to remove it from memory	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
4. I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
5. I had waves of strong feelings about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
6. I had dreams about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
7. I stayed away from reminders of it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
8. I felt as if it hadn't happened or it wasn't real	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
9. I tried not to talk about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
10. Pictures about it popped into my mind	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
11. Other things kept making me think about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
13. I tried not to think about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
14. Any reminder brought back feelings about it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>
15. My feelings about it were kind of numb	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/>

TOTAL SCORE