

Below is a list of different feelings and behaviors of young people. Please tell us how often you have had these feelings or have acted a certain way today or within the **past month** by filling in the circle which most applies to you.

● = *never*

● = *sometimes*

● = *often*

● = *always*

		●	●	●	●
		never	sometimes	often	always
1	Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Feeling restless, can't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Becoming angry easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Drinking alcohol when I go out in the weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Blaming myself for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Bullying or threatening others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Faintness, dizziness or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Crying easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Destroying or breaking things that belong to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Loss of sexual interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Starting fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Feeling low in energy, slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Intentionally hurting someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Difficulty falling asleep, staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Arguing often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Drinking alcohol during the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Using sleeping pills or sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Thoughts of ending my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Feeling of being trapped or caught	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Worrying too much about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Stealing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	Feeling everything is an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	Using drugs (hash, XTC, speed, coke, LSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions Below is a list of very stressful life events that sometimes happen to people. If you have experienced any of these events, please fill-in the circle. If you would like to clarify or add something to the questions, you can do that at the end of the list by "further comments". Thank you.

		Yes	No
	Stressful life events concerning the family		
1	Have there been drastic changes in your family <i>during the last year</i> ?	<input type="radio"/>	<input type="radio"/>
2	Have you ever been separated from your family against your will? (By a stranger, police officer, soldier, fleeing your homeland)	<input type="radio"/>	<input type="radio"/>
3	Has someone died in your life that you really cared about?	<input type="radio"/>	<input type="radio"/>
	Experiences with illness, accidents and disasters		
4	Have you had a life threatening medical problem?	<input type="radio"/>	<input type="radio"/>
5	Have you been involved in a serious accident? (for example involving a car)	<input type="radio"/>	<input type="radio"/>
6	Have you ever been involved in a disaster? (For example: flood, hurricane, fire, tornado, avalanche, earthquake, hostage situation, chemical disaster?)	<input type="radio"/>	<input type="radio"/>
	War		
7	Have you ever experienced a war or an armed military conflict going on around you in your country of birth?	<input type="radio"/>	<input type="radio"/>
	Physical and sexual mistreatment		
8	Has someone ever hit, kicked, shot at or some other way tried to physically hurt you?	<input type="radio"/>	<input type="radio"/>
9	Did you ever see it happen to someone else in real life? (Not just on television or in a film)?	<input type="radio"/>	<input type="radio"/>
10	Has someone ever tried to touch your private sexual parts against your will or forced you to have sex?	<input type="radio"/>	<input type="radio"/>
	Other		
11	Did you experience any other very stressful life events where you thought that you were in great danger?	<input type="radio"/>	<input type="radio"/>
12	Did you experience any other very stressful life event where you thought that someone else was in great danger?	<input type="radio"/>	<input type="radio"/>

13. **Not listed above but you found the event very frightening:**.....

Comments :.....