

( )



| 1  | I think often of the event(s) even if I do not want to. (for example; pictures of the event(s) pop into your head) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 2  | I have bad dreams or nightmares about the event(s)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3  | I have the feeling that the event(s) is happening all over again.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4  | I feel afraid or sad (upset) if I think about the event(s).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5  | I find myself sometimes acting as I did at the time of the event(s).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6  | When I think about the event(s), I have strong feelings in my body (headaches, stomachaches, heart beating fast).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7  | I try to not to think or to talk about the event(s).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8  | I try to push away my feelings about the event(s).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9  | I try to stay away from people, places, or things that remind me of the event(s).                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | I have forgotten important things about the event(s).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | I feel all alone.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | I do not feel close to the people around me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | I have trouble expressing my feelings.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | I am not interested in things like sports, friends, school, and family.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | I do not think positively about my future. (that I will find a partner, get a good job)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | I have trouble falling asleep.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | I have trouble staying asleep or I wake up too early.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | I have trouble concentrating or paying attention. (At school or at home).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | I am alert (always watching out or on guard for things that I am afraid of).                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | I startle easily when I hear a loud sound or when something surprises me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | I often have arguments with others (family, friends, and teachers).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | I have angry outbursts. (So angry that I throw things, hit, kick, or scream.)                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |