YES/NO Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: • a serious accident or fire a physical or sexual assault or abuse • an earthquake or flood • a war seeing someone be killed or seriously injured • having a loved one die through homicide or suicide Have you ever experienced this kind of event? If 'No,' screen total = 0; if 'Yes,' continue with screening. In the past month, have you... 1. Had nightmares about the event(s) or thought about the event(s) when you did not want YES/NO to? 2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? 3. Been constantly on guard, watchful, or easily startled? YES/NO 4. Felt numb or detached from people, activities, or your surroundings? YES/NO 5. Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the YES/NO

event(s) may have caused?