

PTSD Checklist for DSM-5 (PCL-5)

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Your worst event: _____

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Repeated, disturbing dreams of the stressful experience?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Feeling very upset when something reminded you of the stressful experience?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. Trouble remembering important parts of the stressful experience?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Having strong negative feelings such as fear, horror,	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

anger, guilt, or shame?					
12. Loss of interest in activities that you used to enjoy?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. Feeling distant or cut off from other people?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. Irritable behavior, angry outbursts, or acting aggressively?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. Taking too many risks or doing things that could cause you harm?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. Being “superalert” or watchful or on guard?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. Feeling jumpy or easily startled?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Having difficulty concentrating?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. Trouble falling or staying asleep?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

GAD-7

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Worrying too much about different things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Trouble relaxing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Being so restless that it is hard to sit still	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Becoming easily annoyed or irritable	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Feeling afraid, as if something awful might happen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Patient Health Questionnaire (PHQ-9)

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Feeling down, depressed, or hopeless.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Feeling tired or having little energy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Poor appetite or overeating.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			Not at all difficult	_____
			Somewhat difficult	_____
			Very difficult	_____
			Extremely difficult	_____

Brief COPE

These next items deal with ways you've been coping with the stress in your life. The stress issue is the 'it' in some of the items! There are many ways to try to deal with problems. These items ask what you've been doing to cope with present stresses. Each item says something about a particular way of coping and please avoid answering on the basis of whether how you've been coping seems to be working or not—just whether or not you're doing it. Use these response choices and try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

Coding categories:

- 1 = I haven't been doing this at all
- 2 = I've been doing this a little bit
- 3 = I've been doing this a medium amount
- 4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. I've been concentrating my efforts on doing something about the situation I'm in.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. I've been saying to myself "this isn't real."	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. I've been using alcohol or other drugs to make myself feel better.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. I've been getting emotional support from others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. I've been giving up trying to deal with it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. I've been taking action to try to make the situation better.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. I've been refusing to believe that it has happened.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. I've been saying things to let my unpleasant feelings escape. *	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. I've been getting help and advice from other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. I've been using alcohol or other drugs to help me get through it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. I've been trying to see it in a different light, to make it seem more positive.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. I've been criticizing myself.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. I've been trying to come up with a strategy about what to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. I've been getting comfort and understanding from someone.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. I've been giving up the attempt to cope.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. I've been looking for something good in what is happening.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. I've been making jokes about it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. I've been accepting the reality of the fact that it has happened.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. I've been expressing my negative feelings.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

22. I've been trying to find comfort in my religion or spiritual beliefs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. I've been trying to get advice or help from other people about what to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. I've been learning to live with it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. I've been thinking hard about what steps to take.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. I've been blaming myself for things that happened.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. I've been praying or meditating.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. I've been making fun of the situation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would be helpful if you answered all items as best you can even if you are not absolutely certain of the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name _____

Date of Birth _____

Male/Female _____

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted. I find it difficult to concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am kind to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears; I am easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buss-Perry Scale

Please rate each of the following items in terms of how characteristic they are of you. Use the following scale for answering these items.

1	2	3	4	5	6	7
extremely uncharacteristic of me						extremely characteristic of me

- | | |
|---|-------|
| 1) Once in a while I can't control the urge to strike another person. | _____ |
| 2) Given enough provocation, I may hit another person. | _____ |
| 3) If somebody hits me, I hit back. | _____ |
| 4) I get into fights a little more than the average person. | _____ |
| 5) If I have to resort to violence to protect my rights, I will. | _____ |
| 6) There are people who pushed me so far that we came to blows. | _____ |
| 7) I can think of no good reason for ever hitting a person. | _____ |
| 8) I have threatened people I know. | _____ |
| 9) I have become so mad that I have broken things. | _____ |
| 10) I tell my friends openly when I disagree with them. | _____ |
| 11) I often find myself disagreeing with people. | _____ |
| 12) When people annoy me, I may tell them what I think of them. | _____ |
| 13) I can't help getting into arguments when people disagree with me. | _____ |
| 14) My friends say that I'm somewhat argumentative. | _____ |
| 15) I flare up quickly but get over it quickly. | _____ |
| 16) When frustrated, I let my irritation show. | _____ |
| 17) I sometimes feel like a powder keg ready to explode. | _____ |
| 18) I am an even-tempered person. | _____ |
| 19) Some of my friends think I'm a hothead. | _____ |

- 20) Sometimes I fly off the handle for no good reason. _____
- 21) I have trouble controlling my temper. _____
- 22) I am sometimes eaten up with jealousy. _____
- 23) At times I feel I have gotten a raw deal out of life. _____
- 24) Other people always seem to get the breaks. _____
- 25) I wonder why sometimes I feel so bitter about things. _____
- 26) I know that "friends" talk about me behind my back. _____
- 27) I am suspicious of overly friendly strangers. _____
- 28) I sometimes feel that people are laughing at me behind me back. _____
- 29) When people are especially nice, I wonder what they want. _____

Functional Antisocial Measure (FAM)

Please rate the degree to which you agree or disagree with the following statements. Please give your answers on the basis of how things have been for you over the last **six months**.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree

1. I only beat up other kids or start fights to increase my social status or position.
2. I sometimes steal or take things that do not belong to me for pleasure, or to feel good about myself.
3. It makes me feel good to vandalize or destroy property.
4. I take things from others to impress my friends.
5. I skip school or academic activities to fit in.
6. I have written things and spray painted on walls because it makes me feel good.
7. I have run away from home to hang out with friends.
8. I take things from others because it makes me feel good.
9. Harming others gives me joy.
10. When I have attacked someone, it for social benefits.
11. I have damaged property because my friends told me to do so.
12. I find it pleasurable when I kick, slap, punch, and assault others.
13. I burn things and set fires to relieve stress.
14. I burn things and set fires to fit in with my friends.
15. I regularly hit and kick others to feel good.
16. I enjoy harming and hitting others.
17. I run away from home for my own pleasure.
18. It gives me joy to damage others' property.
19. I cheat people out of their stuff to belong.
20. I cheat people out of their stuff to feel good.
21. I regularly set fires and burn things because it amazes me.
22. Periodically, I assault, kick, punch, and slap others to see what others might say.
23. I tend to steal things because my friends told me to do so.
24. I tend to take things from others because why not?
25. I have taken things from the store to increase my social status or position with peers.
26. I tend to take things from the store because I enjoy the ride.
27. I behave aggressively (e.g., kicking, punching, slapping, and pulling someone's hair) because it makes me feel good.
28. I punch, kick, and slap others because my friends are there.
29. When my friends and associates are around, I tend to start fights with others.
30. I took things from others and stores because I was with my friends.