Q - MOOU - P13D	Addit				
Record ID		_			
Questionnaire - Metadata					
Session ID		_			
Questionnaire Started At					
Questionnaire Completed At					
Questionnaire Duration (seconds)		_			
Severity of Posttraumatic S	tress Symptoi	ms - Adult			
Please list the traumatic event tha	it you experience	ed _			
Date of the traumatic event:		_			
People sometimes have pro	blems after e	xtremely stre	ssful events o	r experiences	. How much
have you been bothered du	ring the PAST	SEVEN (7) DA	AYS by each of	the following	problems
that occurred or became wo	_		•	_	•
0=Not at all, 1=A little bit,	2=Moderately	, 3=Quite a b	it, 4=Extremel	у"	
Having "flashbacks", that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	0=Not at all	1=A little bit	2=Moderately	3=Quite a bit	4=Extremely
Feeling very emotionally upset when something reminded you of a stressful experience?	0	0	0	0	0

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noise?

Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things? \bigcirc

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