## Assessment of Reactions to a Stressful Car Accident

Name		Date of Injury	Date Today
INSTRUCTIONS:	Below is a list of problems and complain	its that people sometime	es have in response to stressful
life experiences.	Please read each one carefully, then circle	one of the numbers to t	the right to indicate how much
you have been b	othered by that problem <u>in the past month</u>		

		Not at all	A little bit	Moderately	Quite a bit	Extreme
1.	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1_	2	3	4	5
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
3.	Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4.	Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
5.	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
6.	Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
7.	Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of a stressful experience from the past?	1	2	3	4	5
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
0.	Feeling distant or cut off from other people?	1	2	3	4	5
1.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
2.	Feeling as if your future will somehow be cut short?	1	2	3	4	5
3.	Trouble falling or staying asleep?	1	2	3	4	5
4.	Feeling irritable or having angry outbursts?	1	2	3	4	5
5.	Having difficulty concentrating?	1	2	3	4	5
6.	Being "super-alert" or watchful or on guard?	1	2	3	4	5
7.	Feeling jumpy or easily startled?	1	2	3	4	5