

PT4A1
PT4A2

PT1 Now I would like to ask you about terrible, frightening, or horrible experiences you may have had at any time in your life. Have you ever been in military combat?

PT1
NO(SKIP TO PT1.A5) 1
YES 5

A1. During your time in combat, were you ever held captive or tortured?

PT1a1
NO 1
YES 5

**IF MULTIPLE EXPERIENCES OF ANY EVENT,
CODE AGE OF FIRST EXPERIENCE.**

IF YES: How old were you?

PT1a1Age
AGE: ____

A2. During your time in combat, were you ever wounded?

PT1a2
NO 1
YES 5

IF YES: How old were you?

PT1a2Age
AGE: ____

A3. During your time in combat, did you ever see someone seriously injured or killed?

PT1a3
NO 1
YES 5

IF YES: How old were you?

PT1a3Age
AGE: ____

A4. During your time in combat, did you ever discover a dead body?

PT1a4
NO 1
YES 5

IF YES: How old were you?

PT1a4Age
AGE: ____

A20. During your time in combat, did you have any other experiences that were terrible, frightening, or horrible?

PT1a20
NO(SKIP TO A5).....1
YES(SPECIFY).....5

**IF EVENT FITS IN ANY CATEGORY IN A1-A4,
GO BACK AND CODE THERE.**

SPECIFY: _____ PT1a20_Specify

PT1a20Age
AGE: ____

IF YES: How old were you?

READ IF NECESSARY:

The next questions are for situations and events not related to military combat.

A5. Have you ever been shot?

PT1a5
NO 1
YES 5

IF YES: How old were you?

PT1a5Age
AGE: ____

A6. Have you ever been stabbed?

PT1a6
NO 1
YES 5

IF YES: How old were you?

PT1a6Age
AGE: ____

A7. Have you ever been mugged or threatened with a weapon, or experienced a break-in or robbery?

PT1a7
NO 1
YES 5

IF YES: How old were you?

PT1a7Age
AGE: ____

PTA8. Have you ever been raped or sexually assaulted by a relative?	PT1a8 NO 1 YES 5 PT1a8Age AGE: ____
IF YES: How old were you?	
A9. Have you ever been raped or sexually assaulted by someone <u>not</u> related to you?	PT1a9 NO 1 YES 5 PT1a9Age AGE: ____
IF YES: How old were you?	
A10. Have you ever been in a natural disaster like a fire, flood, earthquake, tornado, mudslide or hurricane?	PT1a10 NO 1 YES 5 PT1a10Age AGE: ____
IF YES: How old were you?	
A11. Have you ever learned you had been exposed to radiation, dioxin, or any other dangerous materials?	PT1a11 NO 1 YES 5 PT1a11Age AGE: ____
IF YES: How old were you?	
A12. Have you ever experienced an unexpected, sudden death of a close friend or relative?	PT1a12 NO 1 YES 5 PT1a12Age AGE: ____
IF YES: How old were you?	
A13. Have you ever been held captive, tortured, or kidnapped?	PT1a13 NO 1 YES 5 PT1a13Age AGE: ____
IF YES: How old were you?	
A14. Have you ever been diagnosed with a life-threatening illness?	PT1a14 NO 1 YES 5 PT1a14Age AGE: ____
IF YES: How old were you?	
A15. Have you ever been in a serious accident?	PT1a15 NO 1 YES 5 PT1a15Age AGE: ____
IF YES: How old were you?	
A16. Have you ever seen someone being seriously injured or killed?	PT1a16 NO 1 YES 5 PT1a16Age AGE: ____
IF YES: How old were you?	
A17. Have you ever unexpectedly discovered a dead body?	PT1a17 NO 1 YES 5 PT1a17Age AGE: ____
IF YES: How old were you?	

<p>A18. Have you ever learned that any of these terrible things had happened to a close friend or relative when you were not there?</p> <p>IF YES: How old were you?</p>		<p>PT1a18</p> <p>NO 1</p> <p>YES 5</p> <p>PT1a18Age</p> <p>AGE: ____</p>
<p>A19. Have you ever had any other experiences that were terrible, frightening, or horrible?</p> <p>IF ONLY BOOK, MOVIE, OR TV PROGRAMS, CODE 1.</p> <p>IF EVENT FITS IN ANY CATEGORY IN A5-A18, GO BACK AND CODE THERE.</p> <p>SPECIFY: _____ PT1a19_Specify</p> <p>a. How old were you?</p>		<p>PT1a19</p> <p>NO(SKIP TO BOX PT1)..... 1</p> <p>YES(SPECIFY)..... 5</p> <p>PT1a19Age</p> <p>AGE: ____</p>
<p>BOX PT1 IF NO 5'S IN PT1A.1 – 20, SKIP TO OC1.</p>		
<p>PT1B. After a very frightening or horrible experience, some people can't get it out of their minds. They may lose interest in people or activities; they may not sleep well; and they may become very jumpy and easily startled or frightened. Did (this/any of these) experience(s) have that effect on you that lasted one month or longer? REVIEW 5'S IN PT1.A1-A19.</p>		<p>PT1b</p> <p>NO(SKIP TO OC1).....1</p> <p>YES5</p>
<p>BOX PT1B IF ONLY 1 EVENT ENDORSED IN PT1A.1-20, CODE PT1.B1 SILENTLY</p>		
<p>1. Which one caused the most problems?</p> <p>REVIEW EXPERIENCES CODED 5 IN PT1A.1 – 20.</p>		<p>PT1bEVENT</p> <p>____ EVENT #</p>
<p>PT2. OMITTED.</p>		
<p>BOX PT3 ASK PT3-PT27 ABOUT EVENT IN PT1.B1. IF EVENT #1-4, EVENT = "YOUR COMBAT EXPERIENCE LIKE (ITEMS 1-4 CODED 5)."</p>		
PT4B1	<p>PT3. After (EVENT), did you keep thinking about it over and over when you didn't want to?</p>	<p>PT3</p> <p>NO1</p> <p>YES5</p>
PT4B2	<p>PT4. Did you keep having bad dreams or nightmares about it?</p>	<p>PT4</p> <p>NO1</p> <p>YES5</p>
PT4B3	<p>PT5. Did you ever suddenly feel as though you were experiencing it all over again?</p>	<p>PT5</p> <p>NO1</p> <p>YES5</p>

PT4B4	PT6. Did being reminded of it or being in a similar situation make you very upset or anxious?	PT6 NO1 YES5
PT4B5	PT7. Did you notice that your heart would pound, you would sweat, or become physically ill when you were reminded of it?	PT7 NO1 YES5
	BOX PT8 IF ANY 5 CODED IN PT3-PT7, CONTINUE. OTHERS SKIP TO PT9.	
PT4E	PT8A. Did the period when you were having these reactions to the (EVENT) last for a month or longer?	PT8a NO(SKIP TO PT9).....1 YES5
	B. In the last 12 months, has there been a month or longer when you had some of those problems because of (EVENT)?	PT8b NO1 YES5
PT4C1	PT9. After (EVENT), did you try to avoid thinking or talking about it?	PT9 NO1 YES5*
PT4C2	PT10. Did you stay away from certain places, people, or activities to avoid being reminded of it?	PT10 NO1 YES5*
PT4C3	PT11. Did you have amnesia for it – that is, forget all or part of it?	PT11 NO(SKIP TO PT12).....1 YES5
	A. Was this because you were injured or unconscious?	PT11a NO1* YES5
PT4C4	PT12. After (EVENT), did you lose interest in activities that were once important or enjoyable?	PT12 NO1 YES5*
PT4C5	PT13. Did you begin to feel more isolated or distant from other people?	PT13 NO1 YES5*
PT4C6	PT14. After it, did you find it more difficult to have love or affection for other people?	PT14 NO1 YES5*
PT4C7	PT15. Did you begin to feel that there was no point in planning for the future?	PT15 NO1 YES5*
	BOX PT16 REVIEW PT9-PT15. IF 3 OR MORE *ITEMS CODED, CONTINUE. OTHERS SKIP TO PT17.	

PT4E	PT16A. Was there a month or longer when you would have these feelings or behaviors because of (EVENT)? REVIEW SX CODED 5 IN PT9-PT15.	PT16a NO(SKIP TO PT17).....1 YES5
	B. Was there a month or more in the last 12 months when (EVENT) made you act or feel in those ways?	PT16b NO1 YES5
PT4D1	PT17. After this experience was over, were you having more trouble than usual falling asleep or staying asleep?	PT17 NO1 YES5
PT4D2	PT18. Did you become more irritable or short-tempered?	PT18 NO1 YES5
PT4D3	PT19. Were you having more trouble than usual keeping your mind on what you were doing?	PT19 NO1 YES5
PT4D4	PT20. After it, did your concern about danger increase, and did you become much more careful than before?	PT20 NO1 YES5
PT4D5	PT21. Did you become jumpy or get easily startled by ordinary noises or movements?	PT21 NO1 YES5
	BOX PT22 REVIEW PT17-PT21. IF 2 OR MORE CODED 5, CONTINUE. OTHERS SKIP TO BOX PT23.	
PT4E	PT22A. After (EVENT), did you have a period of more than a month when you (SX CODED 5 IN PT17 – PT21)?	PT22a NO(SKIP TO PT23).....1 YES5
	B. In the last 12 months, has there been a month or more when you had some of these problems because of (EVENT)?	PT22b NO1 YES5
	BOX PT23 IF NO 5'S CODED IN PT3-PT21, SKIP TO OC1. OTHERS CONTINUE.	
	PT23. Did you tell a doctor about the feelings or behaviors you were having after (EVENT)?	PT23 NO1 YES(SKIP TO D).....5
	A1. Did you tell any other health professional about these feelings or behaviors (SX CODED 5 IN PT3 – PT21)?	PT23a1 NO1 YES(SKIP TO D).....5
	B. Were these feelings or behaviors (SX CODED 5 IN PT3-PT21) ever the result of physical illness or injury?	PT23b NO1 YES(SKIP TO H).....5

- C. Were these feelings or behaviors (SX CODED 5 IN PT3-PT21) ever the result of medication, drugs, or alcohol?
- PT23c
 NO(SKIP TO A3).....1
 YES(SKIP TO J).....5
- D. When you told the (doctor/health professional), what was the diagnosis? (What did the doctor/health professional say was causing these feelings or behaviors (SX CODED 5 IN PT3-PT21)?)
- PT23d
 STRESS, PSYCH...(SKIP TO PT24)....1
 MEDS, A/D.....(SKIP TO J).....2
 ILLNESS/INJ.....(SKIP TO H).....3
 NO DX, DK.....(SKIP TO G).....4
- G. Did the (doctor/health professional) find anything abnormal by an exam, test, or x-ray?
- PT23g
 NO(SKIP TO PT24).....1
 YES5
- H. Were these feelings or behaviors always the result of physical illness or injury?
- PT23h
 NO(SKIP TO I)1
 YES5

**BOX PT23H IF (D=3 OR 4) AND (H=5), SKIP TO OC1.
 OTHERS SKIP TO A3**

- I. When the feelings or behaviors were not due to physical illness or injury, were these feelings or behaviors always the result of medication, drugs, or alcohol?
- PT23i
 NO1
 YES5

**BOX PT23I IF (D=3 OR 4) AND (I=1), SKIP TO PT24.
 IF (D=3 OR 4) AND (I=5), SKIP TO OC1.
 OTHERS SKIP TO A3.**

- J. Were these feelings or behaviors always the result of medication, drugs, or alcohol?
- PT23j
 NO1
 YES5

BOX PT23J IF D=2 AND J=1, GO TO F. IF D=2 AND J=5, SKIP TO OC1. OTHERS SKIP TO A3.	
<p>F. When these feelings or behaviors (SX CODED 5 IN PT3-PT21) were not due to medication, drugs, or alcohol, were they always the result of physical illness or injury?</p> <p>A3. Did these feelings or behaviors (SX CODED 5 IN PT3 – PT21) interfere with your life or activities a lot?</p>	<p>PT23f NO(SKIP TO PT24).....1 YES(SKIP TO OC1).....5</p> <p>PT23a3 NO(SKIP TO OC1).....1 YES5</p>
BOX PT23A3 IF (H=5) OR (I=5) OR (J=5), SKIP TO OC1 OTHERS CONTINUE	

BOX PT23 PROBE—FOR ANALYSTS ONLY
VALUES ASSIGNED BY BLAISE:

PT23PROBE=2
IF A3=1

PT23PROBE=3
IF F=5
OR [(A3=5) AND (J=5 OR I=5)]
OR [(PT23=5 OR A1=5) AND (J=5 OR I=5)]

PT23PROBE=4
IF (H=5) AND [(A3=5) OR (PT23=5 OR A1=5)]

PT23PROBE=5
IF D=1
OR F=1
OR G=1
OR [(PT23=5 OR A1=5) AND (I=1)]
OR [(A3=5) AND (C=1 OR J=1 OR I=1)]

PT4F	PT24	Did the feelings or behavior caused by (EVENT) result in difficulties for you with family, friends, or work at any time in the last 12 months?	PT24 NO1 YES(SKIP TO PT24B).....5
PT4F	A.	Did the feelings or behavior caused by (EVENT) <u>ever</u> result in difficulties for you with family, friends or work?	PT24a NO(SKIP TO PT25).....1 YES5
	B.	Did the feelings or behavior caused by (EVENT) ever result in <u>serious</u> difficulties for you with family, friends, or work for a <u>month</u> or longer?	PT24b NO1 YES5
PT25. How soon after (EVENT) did you first have one of the problems we talked about? (REVIEW SX CODED 5 IN PT3-PT21) IF SAME DAY, CODE 0 DAYS			PT25_NUM __ __ UNITS CODE: PT25_UNIT DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4
PT26. How long did these reactions to (EVENT) last?			PT26_NUM __ __ UNITS CODE: PT26_UNIT DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4
PT27	How old were you the last time you had any of these problems as a result of (EVENT)? IF AGE ONS WITHIN 2 YEARS OF AGE REC, SKIP TO PT28.		AGE REC: __/__/__t PT27AgeRec REC: 1 5 PT27Rec
	A.	Between the time you were (AGE ONSET OF EVENT) when (EVENT) and (AGE REC) when you last had problems because of it, was there at least a full year when (EVENT) did not cause you any of these problems?	PT27a NO(SKIP TO PT28).....1 YES5
	IF YES: Between what ages did (EVENT) not cause you any of these problems at all? Any other years? IF NO, CODE 0 IN “FROM AGE” AND SKIP TO PT28.		FROM AGE: __/__/__ PT27FromAge1 TO AGE: __/__/__ PT27ToAge1 FROM AGE: __/__/__ PT27FromAge2 TO AGE: __/__/__ PT27ToAge2
	CODE SILENTLY: B. Did R mention more than two remissions?		PT27b NO1 YES5

		PT28	
PT28	Was there any time in the last year when you wanted to talk to a doctor or health professional about any of the feelings or behaviors caused by (EVENT)?	NO(SKIP TO OC1).....	1
		YES	5
		PT28a	
A.	Did you do it?	NO	1
		YES	5
