

Self-Report Form

BEFORE EVENT: Your first name:_____Your initials:_____Your age:

Your gender: Female / Male/ Other

Highest level of education: Primary School / High School / University / Graduate Degree

What is your email address (will be used only for follow-up):

Your mobile number (will be used only if we can't reach you for follow-up via email):____

1. (Four questions). Over the past 2 weeks, have you been bothered by these problems?

a. Feeling nervous, anxious, or on edge

0 = Not at all

1 = Several days

2 = More days than not

3 = Nearly every day

b. Not being able to stop or control worrying

0 = Not at all

1 = Several days

2 = More days than not

3 = Nearly every day

c. Feeling down, depressed, or hopeless

0 = Not at all

1 = Several days

2 = More days than not

3 = Nearly every day

d. Little interest or pleasure in doing things

0 = Not at all

1 = Several days

2 = More days than not

3 = Nearly every day

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2. (Two questions). Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, and circle the number that indicates how much you have been bothered by that problem in the past month.

a. Repeated, disturbing memories, thoughts, or images of a stressful experience?

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately
- 4 = Quite a bit
- 5 = Extremely

b. Feeling very upset when something reminded you of a stressful experience?

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately
- 4 = Quite a bit
- 5 = Extremely

3. Do you feel happy in general? Please circle a number from 0 (not at all) to 10 (very):

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very

4. Please indicate the intensity of current, best, and worst pain levels over the past 24 hours on a scale of 0 (no pain) to 10 (worst pain imaginable)

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable