

**WOMEN'S INTERAGENCY HIV STUDY
CIVILIAN POST-TRAUMATIC STRESS DISORDER QUESTIONNAIRE (PTSD)**

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE |_|- |_|_| - |_|_|_|_| - |_|
 ONLY IF ID LABEL IS NOT AVAILABLE
- A2. WIHS STUDY VISIT #: ___ ___
- A3. FORM VERSION: **10/01/08**
- A4. DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___
 M D Y
- A5. INTERVIEWER'S INITIALS: ___ ___ ___
- A6. DATE OF LAST STUDY VISIT
 (FROM VISIT CONTROL SHEET) ___ ___ / ___ ___ / ___ ___
 M D Y
- A7. TIME MODULE BEGAN: |_|_| : |_|_| AM 1
 PM 2

SECTION B: QUESTIONNAIRE

INTRODUCTION TO PARTICIPANT: I will read you a list of problems and complaints that people sometimes have in response to stressful experiences. Please tell me the appropriate response to indicate how much you have been bothered by that problem in the past month.

PROMPT: HAND PARTICIPANT FOLLOW-UP RESPONSE CARD P1.

B1. Over the *past month*, how frequently have you been bothered by...

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories, thoughts, or images of a stressful experience	1	2	3	4	5
b. Repeated, disturbing dreams of a stressful experience	1	2	3	4	5
c. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	1	2	3	4	5
d. Feeling very upset when something reminded you of a stressful experience	1	2	3	4	5
e. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience	1	2	3	4	5

--

WIHSID

	Not at all	A little bit	Moderately	Quite a bit	Extremely
f. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it.....	1	2	3	4	5
g. Avoiding activities or situations because they reminded you of a stressful experience	1	2	3	4	5
h. Trouble remembering important parts of a stressful experience	1	2	3	4	5
i. Loss of interest in activities that you used to enjoy.....	1	2	3	4	5
j. Feeling distant or cut off from other people.....	1	2	3	4	5
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.....	1	2	3	4	5
l. Feeling as if your future will somehow be cut short.....	1	2	3	4	5
m. Trouble falling or staying asleep.....	1	2	3	4	5
n. Feeling irritable or having angry outbursts.....	1	2	3	4	5
o. Having difficulty concentrating	1	2	3	4	5
p. Being “super-alert” or watchful or on guard	1	2	3	4	5
q. Feeling jumpy or easily startled	1	2	3	4	5

PROMPT: HAND PARTICIPANT FOLLOW-UP RESPONSE CARD P2.

B2. Over the *past month*, how frequently have you...

	Never	Almost never	Sometimes	Fairly often	Very often
a. Been upset because of something that happened unexpectedly	1	2	3	4	5
b. Felt that you were unable to control the important things in your life.....	1	2	3	4	5

WIHSID

	Never	Almost never	Sometimes	Fairly often	Very often
c. Felt nervous and “stressed”	1	2	3	4	5
d. Felt confident about your ability to handle your personal problems	1	2	3	4	5
e. Felt that things were going your way	1	2	3	4	5
f. Found that you could not cope with all the things that you had to do	1	2	3	4	5
g. Been able to control irritations in your life	1	2	3	4	5
h. Felt that you were on top of things	1	2	3	4	5
i. Been angered because of things that were outside of your control	1	2	3	4	5
j. Felt difficulties were piling up so high that you could not overcome them	1	2	3	4	5

B2. TIME MODULE ENDED

|_|_| : |_|_|

AM..... 1

PM..... 2