

Please indicate whether any of these things have happened to you since the accident.

1. Do you have lots of thoughts or memories about the accident that you don't want to have?	Yes	No
2. Do you have bad dreams about the accident?	Yes	No
3. Do you feel or act as if the accident is about to happen again?	Yes	No
4. Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the accident?	Yes	No
5. Do you have trouble falling or staying asleep?	Yes	No
6. Do you feel grumpy or lose your temper?	Yes	No
7. Do you feel upset by reminders of the accident?	Yes	No
8. Do you have a hard time paying attention?	Yes	No
9. Are you on the "look-out" for possible dangerous things that might happen to yourself and others?	Yes	No
10. When things happen by surprise or all of a sudden, does it make you "jump"?	Yes	No