PDEQ-RV

INSTRUCTIONS: Please complete the items below by filling in the oval that best describes the experiences and reactions you had DURING THE MOST DISTRESSING EVENT(S) YOU HAVE IDENTIFIED AND IMMEDIATELY AFTER. If an item does not apply to your traumatic event experience, please fill in "Not at all true".

0 = inadequate information; 1 = absent or false; 2 subthreshold; 3 = threshold or true

1. (At that time) Did you have moments of losing track of what was going on -- that is, did you "blank out", "space out", or in some other way not feel that you were a part of the experience?

PDEQRV1 ☐ 0 ☐ 1 ☐ 2 ☐ 3

2. (At that time) Did you find yourself going on "automatic pilot" -- that is, doing something that you later realized you had done but hadn't actively decided to do?

PDEQRV2 ☐ 0 ☐ 1 ☐ 2 ☐ 3

3. (At that time) Did your sense of time change during the event -- that is, did things seem unusually speeded up or slowed down?

PDEQRV3 ☐ 0 ☐ 1 ☐ 2 ☐ 3

4. (At that time) Did what was happening seem unreal to you, as though you were in a dream or watching a movie or a play?

PDEQRV4 ☐ 0 ☐ 1 ☐ 2 ☐ 3

5. (At that time) Were there moments when you felt as though you were a spectator watching what was happening to you -- for example did you feel as if you were floating above the scene or observing it as an outsider?

PDEQRV5 ☐ 0 ☐ 1 ☐ 2 ☐ 3

PLEASE DO NOT WRITE BELOW THIS LINE

ID
ID ☐

Date
Date ☐☐ / ☐☐ / ☐☐

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Question	0	1	2	3
6. (At that time) Were there moments when your sense of your own body seemed distorted or changed -- that is, did you feel yourself to be unusually large or small, did you feel disconnected from your body?	PDEQRV6 ☐	☐	☐	☐
7. (At that time) Did you get the feeling that something that was happening to someone else was happening to you? For example, if you saw someone being injured, did you feel as though you were the one being injured, even though this was not the case?	PDEQRV7 ☐	☐	☐	☐
8. Were you surprised to find out after the event that a lot of things had happened at the time that you were not aware of, especially things that you felt you ordinarily would have noticed?	PDEQRV8 ☐	☐	☐	☐
9. (At that time) Were there moments when you felt confused, that is, you had difficulty making sense of what was happening?	PDEQRV9 ☐	☐	☐	☐
10. (At that time) Did feel disoriented, that is, were there moments when you felt uncertain about where you were or what time it was?	PDEQRV10 ☐	☐	☐	☐

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