

PDI - RV

INSTRUCTIONS: Please complete the items below by filling in the oval that best describes the experiences 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".

	<u>Not at all</u> <u>true</u>	<u>Slightly</u> <u>true</u>	<u>Somewhat</u> <u>true</u>	<u>Very</u> <u>true</u>	<u>Extremely</u> <u>true</u>
1. Did you feel helpless to do more?	PDIrv1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did you feel confident that everything possible was being done?	PDIrv2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you feel sadness and grief?	PDIrv3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did you feel frustrated or angry that you could not do more?	PDIrv4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did you feel afraid for your own safety?	PDIrv5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Did you feel your prior experience prepared you to handle the situation?	PDIrv6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did you feel guilt that more was not done?	PDIrv7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Did you feel others were sympathetic?	PDIrv8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Did you feel others understood what you had been through?	PDIrv9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Did you feel ashamed of your emotional reactions?	PDIrv10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE BELOW THIS LINE

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Date / /

Not at all Slightly Somewhat Very Extremely
true true true true true

- | | | | | | |
|--|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. Did you feel you did all you could? | <input type="text" value="PDIrv11"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Did you feel in control of your emotions? | <input type="text" value="PDIrv12"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Did you feel upset by how other people acted? | <input type="text" value="PDIrv13"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Did you feel worried about the safety of others? | <input type="text" value="PDIrv14"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Did you have the feeling you were about to lose control of your emotions? | <input type="text" value="PDIrv15"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Did you have difficulty controlling your bowel and bladder? | <input type="text" value="PDIrv16"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Did you have the feeling that it would never end? | <input type="text" value="PDIrv17"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Were you horrified by what you saw? | <input type="text" value="PDIrv18"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Did you have physical reactions like sweating, shaking, and your heart pounding? | <input type="text" value="PDIrv19"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Did you feel you might pass out? | <input type="text" value="PDIrv20"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Did you think you might die? | <input type="text" value="PDIrv21"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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