

## Part 1: LEC-5

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event, check one or more of the boxes to the right to indicate that: (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to a close family member or close friend, (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder), (e) you're not sure if it fits, or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) **BEFORE Hurricane Harvey**, as you go through the list of events.

Event ( <u>Before Hurricane Harvey</u> )	<i>Happened to me</i>	<i>Witnessed it</i>	<i>Learned about it</i>	<i>Part of my job</i>	<i>Not Sure</i>	<i>Doesn't Apply</i>
1. Natural disaster <b><u>NOT Including Hurricane Harvey</u></b> (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, or beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience: _____						

## Part 2: Hurricane Exposure Assessment Tool (7 Items: HEAT-7)

### 1. During Hurricane Harvey, were you concerned about your safety or a loved one's personal safety?

No, I did not believe **MY** life to be in danger

No, I did not believe **THEIR** life to be in danger

Yes, I believed **MY** life to be *somewhat* in danger

Yes, I believed **THEIR** life was *somewhat* in danger

Yes, I believed **MY** life was *definitely* in danger

Yes, I believed **THEIR** life was *definitely* in danger

### 2. Did you experience any flooding as a result of Hurricane Harvey?

No flooding

Some water entered my home but there was a *fair amount* of damage

Streets flooded but not my home

My home was completely flooded

Some water entered my home but there was *limited* damage

### 3. At any point during Hurricane Harvey, were you trapped in your home, vehicle, or other place?

No, I was not trapped

I was trapped for an *entire* day

I was trapped for *less than* an hour

I was trapped for more than a day

I was trapped for one hour or more, but less than a day

### 4. Did you need to be rescued as a result of Hurricane Harvey?

No rescuing required

Rescued by airlift

Rescued by boat

Had to walk through high floodwater

### 5. Did you experience evacuation as a result of Hurricane Harvey (please check all that apply)?

No evacuation, I was able to stay in my home

Evacuated to a hotel/motel

Evacuated to a family/friend's home

Evacuated to a shelter

### 6. What personal losses did you experience as a result of Hurricane Harvey (please check all that apply)?

Your home (unable to return due to damage)

Personal belongings (e.g., furniture, electronics, clothing, photographs)

Your home (could return but home had significant damage)

Your job

Your pet

Loved ones died due to the storm (if yes, what was their relationship to you \_\_\_\_\_)

Your vehicle

### 7. Did you experience physical injuries as a result of Hurricane Harvey?

No physical injuries

*Moderate* physical injuries (broken bones, gashes that required stitches, short hospitalization)

*Mild* physical injuries (cuts, bruises, no hospitalization required)

*Serious* life-threatening injuries (prolonged hospitalization, major surgeries)

### Part 3: PCL-5—Hurricane Harvey

Below is a list of problems that people sometimes have in response to a very stressful experience. **Keeping your experiences with Hurricane Harvey in mind** please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

Regarding Hurricane Harvey, how much have you been bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative feelings about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

## Part 4: Patient Health Questionnaire—9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems: (please circle your answer)

Over the last 2 weeks...	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety and restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult

Somewhat difficult

Very difficult

Extremely Difficult

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