

The following questions are concerned with your personal reactions to the Sousse Beach shooting, Tunisia on the 26th June 2015. Please indicate (Yes or No) whether or not you have experienced any of the following at least twice in THE PAST WEEK.

	Yes	No
1. Upsetting thoughts or memories about the event that have come into your mind against your will.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Upsetting dreams about the event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Acting or feeling as though the event were happening again.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Feeling upset by reminders of the event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Difficulty falling or staying asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Irritability or outbursts of anger.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Difficulty concentrating.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. Heightened awareness of potential dangers to yourself and others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. Being jumpy or being startled by something unexpected.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Total number of yes scores for questions 1-10:		

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day
11	Little interest or pleasure in doing things.	0	1	2	3
12	Feeling down, depressed, or hopeless.	0	1	2	3
	Total for questions 11 and 12:	<input type="text"/>			