

Client ID: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_

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

### Life Events Checklist (LEC-5) Extended

**PART 1:** 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) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not Sure	Doesn't apply
1. Natural disaster (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, 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)	N/A					
15. Sudden accidental death	N/A					
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

**PLEASE COMPLETE PART 2 ON THE FOLLOWING PAGE**

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## Life Events Checklist (LEC-5) Extended

### PART 2:

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of:

\_\_\_\_\_

B. If you have experienced more than one of the events in PART 1, think about the event you consider the *worst event*, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (*check all options that apply*):

1. Briefly describe the worst event (*for example, what happened, who was involved, etc.*).

\_\_\_\_\_  
\_\_\_\_\_

2. When did this happen? Year: \_\_\_\_\_ Month: \_\_\_\_\_ (*please estimate if you are not sure*)

3. How did you experience it?

- It happened to me directly
- I witnessed it
- I learned about it happening to a close family member or close friend
- I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)
- Other, please describe: \_\_\_\_\_

4. Was someone's life in danger?

- Yes, my life
- Yes, someone else's life
- No

5. Was someone seriously injured or killed?

- Yes, I was seriously injured
- Yes, someone else was seriously injured or killed
- No

6. Did it involve sexual violence?  Yes  No

7. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

- Accident or violence
- Natural causes
- Not applicable (The event did not involve the death of a close family member or close friend)

8. How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

- Just once
- More than once (please specify or estimate the total # of times you have had this experience \_\_\_\_\_)

PLEASE COMPLETE PART 3 ON THE FOLLOWING PAGE