National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

Life Events Checklist (LEC) for *DSM-5*

Extended Version

Version date: 27 October 2013

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The Life Events Checklist for DSM-5 (LEC-5) – Extended.* [Measurement instrument]. Available from http://www.ptsd.va.gov

URL: http://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp

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Part 1

Instructions: 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)						
15. Sudden accidental death						
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

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. How long ago did it happen? _____ (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 _____)