

LOS ANGELES SYMPTOM CHECKLIST
(ADULT VERSION)

Below is a list of problems. Rate each one on a scale of 0 to 4 according to how much of a problem that item is for you. A rating of zero would mean that the item is not a problem for you; one, a slight problem; two, a moderate problem; three, a serious problem; and four, an extreme problem.

- | 0
not a problem | 1
slight problem | 2
moderate problem | 3
serious problem | 4
extreme problem |
|---|---------------------|-----------------------|--|----------------------|
| <input type="checkbox"/> 1. difficulty falling asleep | | | <input type="checkbox"/> 24. excessive eating | |
| <input type="checkbox"/> 2. abusive drinking | | | <input type="checkbox"/> 25. difficulty concentrating | |
| <input type="checkbox"/> 3. severe headaches | | | <input type="checkbox"/> 26. dizziness/fainting | |
| <input type="checkbox"/> 4. restlessness | | | <input type="checkbox"/> 27. sexual problems | |
| <input type="checkbox"/> 5. nightmares | | | <input type="checkbox"/> 28. waking during the night | |
| <input type="checkbox"/> 6. difficulty finding a job | | | <input type="checkbox"/> 29. difficulty with memory | |
| <input type="checkbox"/> 7. difficulty holding a job | | | <input type="checkbox"/> 30. marked self-consciousness | |
| <input type="checkbox"/> 8. irritability | | | <input type="checkbox"/> 31. depression | |
| <input type="checkbox"/> 9. pervasive disgust | | | <input type="checkbox"/> 32. inability to make and keep same sex friends | |
| <input type="checkbox"/> 10. momentary blackouts | | | <input type="checkbox"/> 33. inability to make and keep opposite sex friends | |
| <input type="checkbox"/> 11. abdominal discomfort | | | <input type="checkbox"/> 34. excessive jumpiness | |
| <input type="checkbox"/> 12. management of money | | | <input type="checkbox"/> 35. waking early in the morning | |
| <input type="checkbox"/> 13. trapped in an unsatisfying job | | | <input type="checkbox"/> 36. loss of weight/ appetite | |
| <input type="checkbox"/> 14. physical disabilities or medical problems.
Explain: _____ | | | <input type="checkbox"/> 37. heart palpitations | |
| <input type="checkbox"/> 15. hostility/violence | | | <input type="checkbox"/> 38. panic attacks | |
| <input type="checkbox"/> 16. marital problems | | | <input type="checkbox"/> 39. problems with authority | |
| <input type="checkbox"/> 17. easily fatigued | | | <input type="checkbox"/> 40. avoidance of activities that remind you of prior unpleasant experiences | |
| <input type="checkbox"/> 18. drug abuse | | | <input type="checkbox"/> 41. trouble trusting others | |
| <input type="checkbox"/> 19. inability to express feelings | | | <input type="checkbox"/> 42. loss of interest in usual activities | |
| <input type="checkbox"/> 20. tension and anxiety | | | <input type="checkbox"/> 43. feeling emotionally numb | |
| <input type="checkbox"/> 21. no leisure activities | | | | |
| <input type="checkbox"/> 22. suicidal thoughts | | | | |
| <input type="checkbox"/> 23. vivid memories of unpleasant prior experiences | | | | |

How long have you been bothered by these symptoms?

Scoring the LASC

There are two options for scoring this instrument. The categorical scoring provides direct correlation to the DSM IV diagnosis of PTSD. The continuous scoring method provides a severity score for PTSD. They are both described below.

Categorical: (must endorse items with a 2 or higher response)

Category B = reexperiencing trauma = 1 item

Category C = avoidance and numbing = 3 items

Category D = increased arousal = 2 items

If the participant meets the criteria for each, she/he is positive for PTSD. If she/he meets criteria for 2 out of the three categories, this is considered partial PTSD.

Continuous:

Sum of ratings across all 17 PTSD symptoms

Sum of ratings of all 43 items, yields a global assessment of distress and adjustment problems.

**Los Angeles Symptom Checklist
PTSD Diagnostic Items**

ITEM	DESCRIPTION	CATEGORY
5	nightmares	B
23	memories of experiences	
28	waking during the night	

ITEM	DESCRIPTION	CATEGORY
19	inability to express feelings	C
29	difficulty with memory	
40	avoidance of – reminders	
41	trouble trusting others	
42	loss of interest in activities	
43	feeling emotionally numb	

ITEM	DESCRIPTION	CATEGORY
1	difficulty falling asleep	D
4	restlessness	
8	irritability	
20	tension and anxiety	
25	difficulty concentrating	
34	excessive jumpiness	
37	heart palpitations	
38	panic attacks	

**Los Angeles Symptom Checklist
Depression Items**

ITEM	DESCRIPTION
17	easily fatigued
22	suicidal thoughts
31	depression
35	wake up early in the morning