



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER

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

Version date: 12 April 2018

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) – Interview*. [Measurement instrument]. Available from <https://www.ptsd.va.gov>

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

Note: This is a fillable form. You may complete it electronically.

Study: _____

ID#: _____

Rater: _____

Date: _____

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LEC- 5 Interview

In a few minutes I'm going to ask you more about the questionnaire you filled out on stressful events in your life. But before I do that I want to ask you a few questions about what it was like for you growing up.

Who did you live with? (Who took care of you?)

What stands out for you about growing up? (Anything particularly good? Particularly bad?)

What was your relationship like with your:

Mother?

Father?

Siblings?

Other caretakers?

How did your parents (adults you grew up with) **get along?** (Yelling? Fighting? Violence?)

How was discipline handled? (Who handled it? What did it consist of?)

Were you ever treated in a cold, unemotional way? (By whom? What was that like? How old were you? How often?)

Did you ever feel rejected by someone you grew up with? (By whom? What was that like? How old were you? How often?)

Were you ever criticized unfairly or told that you were no good or worthless? (By whom? What was that like? How old were you? How often?)

Were you ever made to feel ashamed or humiliated? (By whom? What was that like? How old were you? How often?)

Were you ever neglected or left to fend for yourself (e.g., left alone, left without food, kept out of the house)? (By whom? What was that like? How old were you? How often?)

RATE EMOTIONAL ABUSE SEVERITY

(1=none 2=minimal/subthreshold 3=definite/threshold 4=harsh/severe)

Getting back to the questionnaire about stressful events, what I'm going to do now is go over the different events you said you experienced and ask you to tell me very briefly about what happened. If it's something that happened more than once I want you to think about the WORST time.

You said you:

Item 1: Natural disaster Experienced / Witnessed / Learned about / Job-related / Not sure

<p>What happened? <i>(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)</i></p>	<p>Exposure type:</p> <p><input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about <input type="checkbox"/> Exposed to aversive details</p> <p>Life threat? NO YES (self ___ other ___)</p> <p>Serious injury? NO YES (self ___ other ___)</p> <p>Criterion A met? NO PROBABLE YES</p> <p>Number of times _____</p>
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Item 2: Fire or explosion Experienced / Witnessed / Learned about / Job-related / Not sure

<p>What happened? <i>(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)</i></p>	<p>Exposure type:</p> <p><input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about <input type="checkbox"/> Exposed to aversive details</p> <p>Life threat? NO YES (self ___ other ___)</p> <p>Serious injury? NO YES (self ___ other ___)</p> <p>Criterion A met? NO PROBABLE YES</p> <p>Number of times _____</p>
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You also said you:

Item 3: Transportation accident

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 4: Serious accident at work, home, or during recreational activity

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

You also said you:

Item 5: Exposure to toxic substance Experienced / Witnessed / Learned about / Job-related / Not sure

<p>What happened? <i>(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)</i></p>	<p>Exposure type:</p> <p><input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about <input type="checkbox"/> Exposed to aversive details</p> <p>Life threat? NO YES (self ___ other ___)</p> <p>Serious injury? NO YES (self ___ other ___)</p> <p>Criterion A met? NO PROBABLE YES</p> <p>Number of times _____</p>
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Item 6: Physical assault Experienced / Witnessed / Learned about / Job-related / Not sure

<p>What happened? <i>(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)</i></p>	<p>Exposure type:</p> <p><input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about <input type="checkbox"/> Exposed to aversive details</p> <p>Life threat? NO YES (self ___ other ___)</p> <p>Serious injury? NO YES (self ___ other ___)</p> <p>Criterion A met? NO PROBABLE YES</p> <p>Number of times _____</p>
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You also said you:

Item 7: Assault with a weapon

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

IF THE RESPONDENT ENDORSES ANY TYPE OF PHYSICAL ASSAULT OR HARSH PHYSICAL DISCIPLINE, ASK:

As you look back on it, do you think that what happened to you [CITE PHYSICAL ASSAULT EXPERIENCES] would be considered physical abuse? *(Why or why not? What about by today's standards? How so?)*

RATE PHYSICAL ABUSE SEVERITY

(1=none 2=minimal/subthreshold 3=definite/threshold 4=harsh/severe)

You also said you:

Item 8: Sexual assault

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 9: Other unwanted or uncomfortable sexual experience

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

IF THE RESPONDENT ENDORSES ANY TYPE OF SEXUAL ASSAULT OR OTHER UNCOMFORTABLE SEXUAL EXPERIENCE, ASK:

As you look back on it, do you think that what happened to you [CITE SEXUAL ASSAULT EXPERIENCES] would be considered sexual abuse? (Why or why not? What about by today's standards? How so?)

RATE SEXUAL ABUSE SEVERITY

(1=none 2=minimal/subthreshold 3=definite/threshold 4=harsh/severe)

You also said you:

Item 10: Combat or exposure to a war-zone

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 11: Captivity

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

You also said you:

Item 12: Life-threatening illness or injury

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 13: Severe human suffering

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

You also said you:

Item 14: Sudden violent death

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Were you seriously injured? Was your life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 15: Sudden accidental death

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Were you seriously injured? Was your life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

You also said you:

Item 16: Serious injury, harm, or death you caused to someone else

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

Item 17: Another very stressful event or experience

Experienced / Witnessed / Learned about / Job-related / Not sure

What happened? *(How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Number of times _____

DETERMINE THE WORST EVENT FOR USE ON THE CAPS-5: *(Which of these events would you say was the worst overall? Which one bothers you the most currently or has caused you the most problems?)*

IF NO EVENTS ENDORSED ON CHECKLIST: *(Has there ever been a time when your life was in danger or you were seriously injured or harmed? What about experiencing some type of sexual violence?)*

IF NO: *(What about a time when you were threatened with death or serious injury, even if you weren't actually injured or harmed?)*

IF NO: *(What about witnessing something like this happen to someone else or finding out that it happened to someone close to you?)*

IF NO: *(What about being exposed to something like this as part of your job?)*

IF NO: *(What would you say are some of the most stressful experiences you have had over your life?)*

For the rest of the interview, I want you to keep (EVENT) in mind as I ask you about different problems it may have caused you. You may have had some of these problems before, but for this interview we're going to focus just on the past month. For each problem I'll ask if you've had it in the past month, and if so, how often and how much it bothered you.

ADMINISTER CAPS-5