



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER

Life Stressor Checklist - Revised

Version date: 1997

Reference: Wolfe, J., Kimerling, R., Brown, P., Chrestman, K., & Levin, K. (1997). *The Life Stressor Checklist-Revised (LSC-R)* [Measurement instrument]. Available from <http://www.ptsd.va.gov>

URL: <http://www.ptsd.va.gov/professional/assessment/te-measures/lsc-r.asp>

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Life Stressor Checklist - Revised

Please fill in today's date: _____

READ THIS FIRST: Now we are going to ask you some questions about events in your life that are frightening, upsetting, or stressful to most people. Please think back over your **whole life** when you answer these questions. Some of these questions may be about upsetting events you don't usually talk about. Your answers are important, but **you do not have to answer any questions that you do not want to**. Thank you.

1. Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion)? YES NO

a. How old were you when this happened? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

2. Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)? YES NO

a. How old were you when this happened? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

3. Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident)? YES NO

a. How old were you when this happened? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

4. Was a close family member ever sent to jail?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

5. Have you ever been sent to jail?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

6. Were you ever put in foster care or put up for adoption?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

7. Did your parents ever separate or divorce while you were living with them?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

8. Have you ever been separated or divorced?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

9. Have you ever had serious money problems (for example, not enough money for food or place to live)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO

e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were “no good”)? YES NO

- a. How old were you when this happened? _____
- b. How old were you when this ended? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)? YES NO

- a. How old were you when this happened? _____
- b. How old were you when this ended? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

13. WOMEN ONLY: Have you ever had an abortion or miscarriage (lost your baby)? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

14. Have you ever been separated from your child against your will (for example, the loss of custody or visitation or kidnapping)? YES NO

- a. How old were you when this happened? _____
- b. How old were you when this ended? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk)

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

17. Has someone close to you died suddenly or unexpectedly (for example, sudden heart attack, murder or suicide)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

18. Has someone close to you died (do NOT include those who died suddenly or unexpectedly)? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

19. When you were young (before age 16). did you ever see violence between family members (for example, hitting, kicking, slapping, punching)? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

20. Have you ever seen a robbery, mugging, or attack taking place? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

21. Have you ever been robbed, mugged, or physically attacked (not sexually) by someone you did not know? YES NO

- a. How old were you when this happened? _____
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? YES NO
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? YES NO
- e. How much has this affected your life in the past year? 1 2 3 4 5
not at all some extremely

22. Before age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1 2 3
not at all some

4 5
extremely

23. After age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband hit, slapped, choked, burned, or beat you up)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1 2 3
not at all some

4 5
extremely

24. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or school (for example, a coworker, a boss, a customer, another student, a teacher)?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1 2 3
not at all some

4 5
extremely

25. Before age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

26. After age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

27. Before age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

28. After age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to harm you if you didn't?

YES NO

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

29. Are there any events we did not include that you would like to mention?

YES NO

What was the event? _____

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

3
some

4

5
extremely

30. Have any of the events mentioned above ever happened to someone close to you so that even though you didn't see it yourself, you were seriously upset by it?

YES NO

What was the event? _____

a. How old were you when this happened? _____

b. How old were you when this ended? _____

c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**?

YES NO

d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror?

YES NO

e. How much has this affected your life in the past year?

1
not at all

2

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some

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extremely

Life Stressor Checklist-Revised Scoring Options

This measure is valid using a number of different scoring methods. We have highlighted three scoring methods that we believe to be the most useful.

Option 1:

One method of scoring the LSC-R is to simply give one point to each positively endorsed stressor (the numbered questions), count up the total, and assign an *overall Life Stressor score* to each participant. The scores range from 0-30.

Option 2:

The second option is to score the LSC-R by assigning weights to the person's endorsed life stressors. This score, ranging from 0-150, reflects a person's subjective rating of how a life stressor affected the person's life in the past year. Each positively endorsed life stressor would be assigned points ranging from 1-5 according to the marked number in lettered question "e."

Option 3:

This method identifies the person's number of positively endorsed life stressors that reflect the *DSM-IV* Posttraumatic Stress Disorder Criteria A for having experienced a traumatic event. Points are assigned *only* when a life stressor is positively endorsed as well as questions "c" and "d," reflecting the *DSM-IV* criteria for experiencing a traumatic life event. You will notice that options c and d are only available for selected questions as appropriate for *DSM-IV* criteria. Some researchers have found it useful to use this scoring option in conjunction with Option 1, where there is a score for high magnitude stressors (criteria A stressors) and low magnitude stressors (other significant stressful events).