

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   | 1              | 2                | 3  | 4               |
|---|----------------|------------------|--|-----------------|
| not a problem   | slight problem | moderate problem | serious problem  | 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.<br>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