

**1. The following statements reflect various feelings. Please indicate the extent to which you agree or disagree with each statement.**

	Completely disagree	Disagree	Agree	Completely agree
a. Even when I have negative feelings, I manage to think of good things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I think a lot about what would happen to me in a situation of possible disaster	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I can say that I have reached my current age in a successful way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I am very much afraid of terrorist attacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My life is good these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. No difficulty in life despairs me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I am very afraid of a missile attack on Israel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I am aging well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<p><b>2. Since 2006, several difficult and hostile events have occurred within Israel and its surroundings:</b></p> <p><b>a) the Second Lebanese War</b></p> <p><b>b) missile attacks from the Gaza strip</b></p> <p><b>c) other hostile or terrorist actions.</b></p> <p><b><u>As a result of these difficult and hostile events you may have experienced one or more of the following situations.</u></b></p> <p><b>Please note whether or not you experienced each of the following situations (since July 2006)</b></p>	<p><b>No</b></p> <p>▼</p>	<p><b>Yes</b></p> <p>▼</p>
a) You were personally injured	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
b) A person close to you was killed	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
c) A person close to you was injured	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
d) You were not personally injured, but you yourself were in danger of physical injury	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
e) A person close to you was in danger of physical injury	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
f) There was damage to your <b>personal property</b> (e.g., home, car)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
g) There was no actual damage, but there was danger of damage to your personal property (e.g., home, car)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
h) There was damage (whether physical or resulting from disrupted activity) to your <b>place of work or business</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
i) There was no actual damage, but there was danger of damage to your place of work or business	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
j) You were not personally injured, but you were exposed to people who were injured	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
k) Your daily routine was seriously disrupted for a week or more	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>
l) It was necessary to leave your home for a week or more	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>5</sub>

**If you experienced any of the above listed situations, please answer questions 3 and 4 on the next page.**

**If you did not experience any of the above listed situations, there is no need to answer questions 3 and 4 (please move ahead to question 5 on the following page).**

**3. Please indicate which of the difficult and hostile events listed below was the most difficult for you since 2006. [If you experienced more than one of these events, please indicate the one that was the most difficult for you].**

- <sub>1</sub> the Second Lebanon War
- <sub>2</sub> Missile attacks from the Gaza strip
- <sub>3</sub> Other hostile events (since July 2006)

<b>4. Below are statements that depict feelings that people sometimes have following difficult events. Please refer to the event you noted in question 3 and indicate the degree to which you felt each of the following feelings—as a result of the event you noted—during the last week:</b>	Not at all	A little bit	Moderately	Quite a bit	Extremely
a) I was upset by something that reminded me of the event	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) I was not able to feel feelings such as sadness or love	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) I was irritated or had outbursts of anger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) I was jumpy or easily startled	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4