

**Department of Mental Health & Addiction Services
MILITARY SUPPORT PROGRAM**

CLINICAL MATRIX							
Weekly Sleep							
<i>How often during the past week did you...</i>	Not at all	1-2 days	3-5 days	6-7 days			
1. Have trouble falling asleep							
2. Wake up several times during the night							
3. Have trouble staying asleep							
4. Wake up feeling tired and worn out							
5. Feel alert during daytime hours							
6. Feel well rested							
PCL MINI							
<i>Have ever had any experience that was so frightening, horrible, or upsetting that IN THE LAST MONTH, you...</i>	No	Yes					
1. Have had any nightmares about it or thought about it when you did not want to?							
2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?							
3. Were constantly on guard, watchful, or easily startled?							
4. Felt numb or detached from others, activities or your surrounding?							
Social Functioning							
<i>Within the past two weeks...</i>	Most of the Time	Quite Often	Sometimes	Not at all			
1. I complete my tasks at work and home satisfactorily							
2. I find my tasks at work and at home very stressful							
3. I have money problems							
4. I have difficulties in getting and keeping close relationships							
5. I have problems with my sex life							
6. I get on well with my family and other relatives							
7. I feel lonely and isolated from other people							
8. I enjoy my spare time							
Satisfaction With Life							
	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. In most ways my life is close to my ideal							
2. The conditions of my life are excellent							
3. I am satisfied with my life							
4. So far I have gotten the important things I want in life							
5. If I could live my life over, I would change almost nothing							