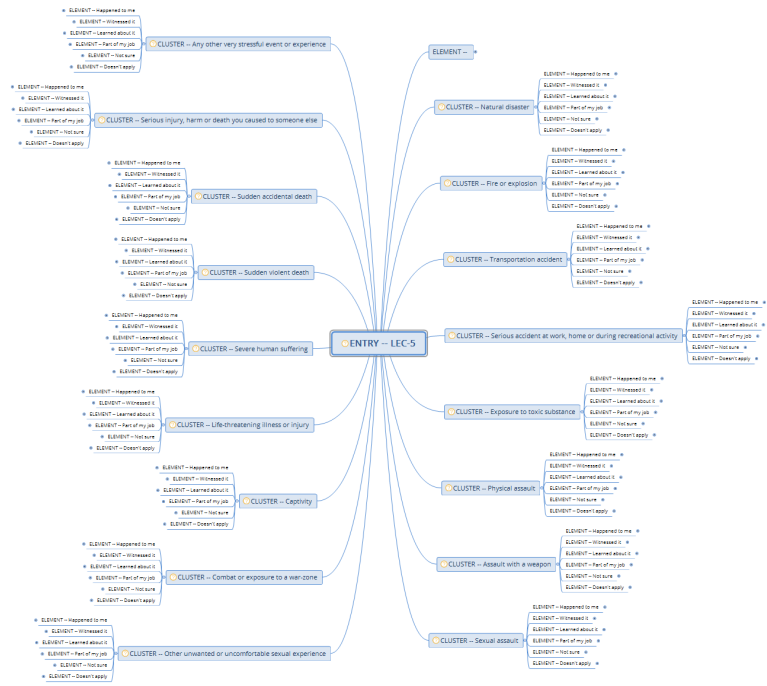


Life Events Checklist for DSM-5 (LEC-5)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	LEC-5
Clinical Area(s)	Psychology
Description of Use	Screen for potentially traumatic events in a respondent's lifetime
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	
Report Preview	

Mind Map



Excel File/Structure

[CEN.LEC-5.v1.xlsx](#)

Editor Screenshot

- [-] ENTRY - LEC-5
 - [-] ELEMENT -
 - [-] ELEMENT - Happened to me
 - [-] ELEMENT - Witnessed it
 - [-] ELEMENT - Learned about it
 - [-] ELEMENT - Part of my job
 - [-] ELEMENT - Not sure
 - [-] ELEMENT - Doesn't apply
 - [-] CLUSTER - Fire or explosion
 - [-] ELEMENT - Happened to me
 - [-] ELEMENT - Witnessed it
 - [-] ELEMENT - Learned about it
 - [-] ELEMENT - Part of my job
 - [-] ELEMENT - Not sure
 - [-] ELEMENT - Doesn't apply
 - [-] CLUSTER - Transportation accident
 - [-] ELEMENT - Happened to me
 - [-] ELEMENT - Witnessed it
 - [-] ELEMENT - Learned about it
 - [-] ELEMENT - Part of my job
 - [-] ELEMENT - Not sure
 - [-] ELEMENT - Doesn't apply
 - [-] CLUSTER - Serious accident at work, home or during recreational activity
 - [-] CLUSTER - Exposure to toxic substance
 - [-] CLUSTER - Physical assault
 - [-] CLUSTER - Assault with a weapon
 - [-] CLUSTER - Sexual assault
 - [-] CLUSTER - Other unwanted or uncomfortable sexual experience
 - [-] CLUSTER - Combat or exposure to a war-zone
 - [-] CLUSTER - Captivity
 - [-] CLUSTER - Life-threatening illness or injury
 - [-] CLUSTER - Severe human suffering
 - [-] CLUSTER - Sudden violent death
 - [-] CLUSTER - Sudden accidental death
 - [-] CLUSTER - Serious injury, harm or death you caused to someone else
 - [-] CLUSTER - Any other very stressful event or experience