

Cologne Risk Index - Disaster (CRI-D)

for victims in case of disaster

PIN: _____

date: _____

A.	Your age:	sex:	<input type="checkbox"/> female	<input type="checkbox"/> male
B.	Marital status:	<input type="checkbox"/> single	<input type="checkbox"/> married / partnership	<input type="checkbox"/> divorced / separated
C.	Do you have children?	<input type="checkbox"/> yes	<input type="checkbox"/> no	age: _____
D.	Do you have siblings?	<input type="checkbox"/> yes/ number: _____		<input type="checkbox"/> no
E.	Level of school education	<input type="checkbox"/> no diploma (drop out)	<input type="checkbox"/> GCSE-Exam	<input type="checkbox"/> A-Level-Exam
E.	Professional training	<input type="checkbox"/> none	<input type="checkbox"/> finished apprenticeship	<input type="checkbox"/> undergraduate degree (BA, BSc, etc.)
		<input type="checkbox"/> NVQ, SVQ, BTEC		<input type="checkbox"/> international baccalaureate
F.	Last employment	<input type="checkbox"/> semi-skilled occupation	<input type="checkbox"/> skilled employee/ apprenticeship	<input type="checkbox"/> company employee
		<input type="checkbox"/> self-employed person	<input type="checkbox"/> student / pupil	<input type="checkbox"/> housewife
G.	Current employment	<input type="checkbox"/> semiskilled occupation	<input type="checkbox"/> skilled employee/ apprenticeship	<input type="checkbox"/> graduate occupation
	<input type="checkbox"/> student / pupil	<input type="checkbox"/> housewife	<input type="checkbox"/> retired person	<input type="checkbox"/> incapable of working
H.	Kind of housing:	<input type="checkbox"/> flat/ house for rent	<input type="checkbox"/> own flat / house	<input type="checkbox"/> city
				<input type="checkbox"/> in the country
				<input type="checkbox"/> on my own
				<input type="checkbox"/> flat share
				<input type="checkbox"/> family/partner
				<input type="checkbox"/> parents
I.	Have you ever been in psychiatric treatment?	<input type="checkbox"/> no		
		<input type="checkbox"/> yes:	↳ if so: <input type="checkbox"/> 1 time	
			<input type="checkbox"/> 2-3 times	
			<input type="checkbox"/> 4-6 times	
			<input type="checkbox"/> 7- 10 times	
			<input type="checkbox"/> more than 10	
			First admission was _____ month ago	
			Last admission was _____ month ago.	
J.	Have you ever consulted a psychotherapist?	<input type="checkbox"/> no		
		<input type="checkbox"/> yes	↳ if so: <input type="checkbox"/> up to 50 hours	
			<input type="checkbox"/> up to 80 hours	
			<input type="checkbox"/> more than 80 hours	
			Therapy was _____ month ago.	
K.	Are there any mental-health problems existing in your family?	<input type="checkbox"/> no		
		<input type="checkbox"/> yes		
L.	Do you feel discriminated by society because of your ethnic affiliation (e. g. religion, colour of the skin, nationality)?	<input type="checkbox"/> no		
		<input type="checkbox"/> yes		

e) You were confused or you had trouble orientating yourself in time and space.	<input type="checkbox"/> no <input type="checkbox"/> yes
f) It was as if your own body had not been affected or pain or entire parts of the body were not perceived or your physical feeling was changed in any other way.	<input type="checkbox"/> no <input type="checkbox"/> yes
g) It was as if you were floating above it.	<input type="checkbox"/> no <input type="checkbox"/> yes
h) You only have fragmented, incomplete memories.	<input type="checkbox"/> no <input type="checkbox"/> yes
i) Your field of vision was considerably restricted, like in a tunnel.	<input type="checkbox"/> no <input type="checkbox"/> yes
j) Other changed perceptions / realizations, which ones?	<input type="checkbox"/> no <input type="checkbox"/> yes

12. **What were the characteristics of the most stressful incident?**

a) Did the stressful incident occur completely surprisingly and unexpectedly?	<input type="checkbox"/> no <input type="checkbox"/> yes
b) Was it longer than half an hour until you were in a safe place?	<input type="checkbox"/> no <input type="checkbox"/> yes
c) Did you experience a threat to your life or physical condition ? Did you experience subjective fear of death ?	<input type="checkbox"/> no <input type="checkbox"/> yes
d) Did you watch a threat to life or physical condition for one or several other person(s)?	<input type="checkbox"/> no <input type="checkbox"/> yes
e) Were you severely injured ?	<input type="checkbox"/> no <input type="checkbox"/> yes
f) Do you expect permanent injuries (scars, movement restrictions, incapacity to work etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes
g) Did you observe severe injuries of others ? ↳ if so: . stranger(s) . strangers: child(ren), woman(en), old person(s) . acquaintance(s) . close friend(s) . family member(s)	<input type="checkbox"/> no <input type="checkbox"/> yes
h) Did one or several person(s) die ? ↳ if so: . stranger(s) . stranger: child(ren), woman(en), old person(s) . acquaintance(s) . close friend(s) . family member(s)	<input type="checkbox"/> no <input type="checkbox"/> yes
i) In case of dead people, could all deceased be identified?	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no idea
j) Were you confronted with the sight of a severely injured or dead person ?	<input type="checkbox"/> no <input type="checkbox"/> yes
k) Did you lose property (e.g. house, flat, furnishing, car, clothes)	<input type="checkbox"/> no <input type="checkbox"/> yes
l) Did you sustain financial loss?	<input type="checkbox"/> no <input type="checkbox"/> yes

13. Have you had other very stressful experiences before the disaster?	
a) threat/ being held at gunpoint (e. g. robbery)	<input type="checkbox"/> no <input type="checkbox"/> yes
b) experiences of physical violence (e. g. fistfight)	<input type="checkbox"/> no <input type="checkbox"/> yes
c) rape, sexual abuse	<input type="checkbox"/> no <input type="checkbox"/> yes
d) accident	<input type="checkbox"/> no <input type="checkbox"/> yes
e) early or sudden loss of a beloved person	<input type="checkbox"/> no <input type="checkbox"/> yes
f) burglary	<input type="checkbox"/> no <input type="checkbox"/> yes
h) other previous stressful experience(s) if so, such as? _____	<input type="checkbox"/> no <input type="checkbox"/> yes
14. The following questions relate to the governments' and the media's exposure to the disaster	
a) Do you feel sufficiently informed by media?	<input type="checkbox"/> no <input type="checkbox"/> yes
b) Do you feel burdened by press coverage and needlessly reminded of the event and the resulting consequences for your life?	<input type="checkbox"/> no <input type="checkbox"/> yes
c) Do you believe the disaster could have been prevented?	<input type="checkbox"/> no <input type="checkbox"/> yes
d) Do you hold politicians responsible for the disaster and/or do you believe that politicians are at fault?	<input type="checkbox"/> no <input type="checkbox"/> yes
e) Do you feel supported by the government?	<input type="checkbox"/> no <input type="checkbox"/> yes
f) Did you get financial support from the government?	<input type="checkbox"/> no <input type="checkbox"/> yes

In addition to the previous questionnaire, we ask you to please describe in your own words your experiences and then to give an account of what is important to you in the following questions:

1. Which part of your experience is most significant for you?
 2. During the experience, what was most stressful to you?
 3. What occurrences **after the disaster** did you consider as positive and supportive?
 4. What occurrences **after the disaster** did you consider as additionally stressful ?
 5. Did you consult a therapist? If so, how helpful has this been for you?
 6. What was helpful for coping with your experience after the disaster?
 7. What kind of help would you have wished for and what else could have helped?
 8. Has the image of yourself - in your opinion - changed since the disaster?
 9. How are you experiencing your environment since the disaster?
 10. What else is important for you to mention?
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