Application for App study

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_/\_\_/\_\_

Gender

Male \_\_ Female \_\_ Non-binary \_\_\_

Make of Phone

IOS\_\_\_\_\_\_ Android \_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions. You have the option of not answering any questions you don’t want to but it may affect your eligibility.

1. Have you ever been diagnosed with Posttraumatic Stress Disorder (PTSD)?

Yes No

1. If yes how long ago?

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1. Have you or someone close to you experienced an event or circumstances where you felt threatened by death or serious injury (eg; assault, threatened at gunpoint, combat violence, rape, motor vehicle accident, sexual abuse etc)

Yes No

1. If ‘yes’ please specify eg; car accident, sexual abuse, domestic violence (no details are required)

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1. Have you been diagnosed with any other mental illness?

Yes No

1. If ‘yes’ please specify

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1. Do you experience bothersome medically unexplained symptoms (back-pain, fatigue, muscle pain, headaches, neck pain, chest pains, gastrointestinal problems, jaw pain etc)

Yes No

1. Do you often have thoughts of killing or harming yourself?

Yes No

1. If yes do you need professional help?

Yes No

1. Are you currently receiving treatment for PTSD or other mental illnesses you may be experiencing?

Yes No

1. If ‘yes’ please specify what kind of treatment you are receiving;

Medication(s) drug and dosage

1. ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselling frequency and how long you have been receiving

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1. Is English your primary language and/or are you fluent in English?

Yes No

Please also complete the PCL-C and the PHQ-15 questionnaires

Your answers to these questionnaires will help us determine whether or not you are suitable for our research.

If you are unable to complete the forms online we can post you hard copies upon receipt of your address; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that you are suitable you will be invited to participate in the study and by confirming your interest within 14 days.

See the Participant Information Sheet for more information or contact Mark Grant at; markgra@ozemail.com.au