

Table 1. Key studies assessing post-traumatic stress after human-made disasters

Study (1 st named author)	Sample type	Sample; N	Timeframe*	PTSD measure	Main findings
<i>1984 School Playground Sniper Attack, Los Angeles—February 24, 1984</i>					
(Pynoos <i>et al.</i> , 1987)**	Survivors	Children from the school directly or indirectly exposed; N=159	1 month	Revised children's version of the PTSD Reaction Index, based on DMS-III criteria	<i>Prevalence of moderate to severe PTSD symptomatology: 38.4%; Correlates of high levels of PTSD severity: proximity to shooting, knowledge of victim</i>
(Nader <i>et al.</i> , 1990)†	Survivors	Directly exposed and unexposed children from the Los Angeles school district; N=100	1 and 14 months	Revised children's version of the PTSD Reaction Index, based on DMS-III criteria	<i>Correlates of high levels of PTSD symptomatology at 14 months: exposure, severity of child's baseline reaction, acquaintance with deceased (among unexposed), guilt feelings (among unexposed); Course: 74% of exposed children continued to report symptoms at 14 months compared to only 19% of unexposed children</i>
<i>1988 School Shooting, Winnetka, Illinois—May 20, 1988</i>					
(Schwarz and Kowalski, 1992)**	Survivors	School personnel directly or indirectly exposed; N=24	6 months	20-item Reaction Index-Adult Version	<i>Correlates of PTSD symptoms: guilt and resentment, insecurity, psychasthenia</i>
(Sloan <i>et al.</i> , 1994)**	Responders	Public safety, medical, and mental health emergency services workers who responded to the shooting; N=140	6 months	Impact of Events Scale	<i>Correlates of current intrusion and avoidance symptoms: perceived qualitative work load; Course: intrusion and avoidance symptoms decreased significantly over follow-up for all groups of emergency service workers</i>
(Schwarz and Kowalski, 1991)**	Mixed	Children (n=64) and parents/school personnel (n=66) directly or indirectly exposed; N=130	8-14 months	20-item Reaction Index modified to reflect DSM-III-R criteria	<i>Prevalence of PTSD: 3% among adults, 8% among children; Correlates of PTSD among adults: guilt, fear that perpetrator was still loose that day; Correlates of PTSD among children: guilt, thought they would be shot, physical symptoms, more visits to school nurse, recklessness, fears</i>
<i>1989 Hillsborough Football Stadium Disaster, Sheffield, UK—April 15, 1989</i>					
(Sims and Sims, 1998)**	Responders	Police officers involved in at least one distressing situation during the disaster; N=70	1-2 years	PTSD assessed using a scale based on DSM-III-R criteria	<i>Prevalence of PTSD: 44.3% classified with severe symptom severity, 44.1% classified with moderate symptom severity; Correlates of PTSD symptoms: depressive symptoms after the incident, depersonalization</i>
<i>1989 Bus Disaster, Israel—July 6, 1989</i>					
(Shalev, 1992)†	Survivors	Survivors of the incident; N=12 at 2 days, 12 at 8-10 months	2 days and 8-10 months	17-item PTSD checklist based on DSM-III-R criteria	<i>Prevalence of PTSD at 8-10 months: 33%</i>
<i>1989 Lockerbie Disaster, Scotland—December 21, 1989</i>					
(Brooks and McKinlay, 1992)**	Survivors	Adult residents of Lockerbie claiming insurance compensation; N=66	10-14 months	Clinical examinations with diagnosis according to	<i>Prevalence of PTSD: moderate to severe PTSD present in 44% of claimants; 73% of claimants had PTSD of any degree.</i>

		claimed insurance compensation; N=25	and 3 years	with diagnosis according to DSM-III-R criteria	at 3 years; <i>Course</i> : 28% remained free of PTSD throughout follow-up; 48% represented persistent cases; 24% of PTSD cases recovered
(Livingston <i>et al.</i> , 1994)†	Survivors	Elderly residents of Lockerbie; N=31 at 1 year, 19 at follow-up	1 and 3 years	Clinical examinations with diagnosis according to DSM-III-R criteria	<i>Prevalence of PTSD</i> : Prevalence decreased from 74% at 1 year to 16% at 3 years
		<i>1991 Mass Shooting Episode, Killeen, Texas—October 16, 1991</i>			
(North <i>et al.</i> , 1994)**	Survivors	Persons directly or indirectly exposed to the shooting; N=113	1 month	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Prevalence of PTSD</i> : 28.6% in total sample (20.3% among men, 35.8% among women); <i>Correlates of PTSD prevalence</i> : any pre-disaster psychiatric disorder excluding PTSD (among women), post-disaster depression
(North <i>et al.</i> , 1997)†	Survivors	Persons directly or indirectly exposed to the shooting; N=136 at 6-8 weeks, 124 at 13-14 weeks	6-8 weeks and 13-14 months	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Onset</i> : 68% reported symptom onset the day of the incident, 22% the week after, and 11% later in the month; <i>Correlates of PTSD prevalence</i> : female gender, pre-disaster psychopathology (among women), pre-disaster depression, acute post-disaster psychiatric illness or depression; <i>Course of current PTSD</i> : prevalence decreased from 27.2% at 6-8 weeks to 17.7% at 13-14 months
(North <i>et al.</i> , 2001)†	Survivors	Persons directly or indirectly exposed to the shooting; N=136 at 6-8 weeks, 124 at 13-14 weeks, 116 at 3 years	6-8 weeks, 13-14 months, and 3 years	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Correlates of PTSD prevalence</i> : abandonment of control (at 6-8 weeks, 13-14 months, and 3 years), passive isolation (at 6-8 weeks); <i>Course of current PTSD</i> : 29% at 6-8 weeks, 17% at 13-14 months, 19% at 3 years
(North <i>et al.</i> , 2002a)†	Survivors	Adults directly or indirectly exposed to the shooting; N=136 at 6-8 weeks, 116 at 3 years	6-8 weeks, 13-14 months, and 3 years	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Correlates of chronic PTSD at 3 years post-disaster</i> : functional impairment, seeking mental health treatment at baseline; <i>Course of current disaster-related PTSD</i> : 26% at 6-8 weeks, 14% at 1 year, 18% at 3 years
		<i>1992 Los Angeles County Civil Disturbances—April 29, 1992</i>			
(Hanson <i>et al.</i> , 1995)**	Community	Household probability sample of adults from L.A. County; N=1200	6-8 months	National Women's Study PTSD Module, based on DSM-III-R criteria	<i>Prevalence of current (past 6 months) PTSD</i> : 4.1%; <i>Correlates of PTSD prevalence</i> : lifetime traumatic events (OR = 1.50), past year stressful events (OR = 1.44), past year victimization (OR = 2.02), disturbance exposure (OR = 1.26)
		<i>1992 Courthouse Shooting, Missouri—May 5, 1992</i>			
(Johnson <i>et al.</i> , 2002)†	Survivors	Courthouse employees and offices of exposed individuals; N=80 at 6-8 weeks, 77 at 1 and 3 years	6-8 weeks; 1 and 3 years	Diagnostic Interview Schedule/Disaster Supplement	<i>Prevalence of disaster related PTSD</i> : 5%; <i>Onset</i> : 6 of 8 cases reported symptom onset on the day of the incident; <i>Correlates of PTSD symptoms at 6-8 weeks</i> : older age, less than a college education, currently married; <i>Course</i> : 6 of 8 cases of PTSD were resolved by 3 years; symptoms decreased significantly between baseline and follow-up

<i>1993 World Trade Center Bombing—February 26, 1993</i>					
(Koplewicz <i>et al.</i> , 2002)†	Survivors	Exposed public school students at the World Trade Center during the explosion (N=22) and 27 unexposed controls; N=49	3 and 9 months	Posttraumatic Stress Reaction Index	<i>Correlates of PTSD symptoms:</i> being in exposed group; <i>Course:</i> prevalence of severe to very severe symptomatology among exposed children decreased from 27% at 3 months to 14% at 9 months
<i>1993 Fire at the Branch Davidian Compound, Waco, Texas—April 19, 1993</i>					
(McCarroll <i>et al.</i> , 1996)**	Responders	Exposed dentists (n=31) who performed postmortem identifications and unexposed control dentists (n=47); N=78	6 months	Impact of Events Scale	<i>Correlates of PTSD symptoms:</i> being in exposed group, duration of exposure to remains, younger age (among exposed), spouse and co-worker support (among exposed)
<i>1993 Sivas Religious Uprisings, Turkey—July 2, 1993</i>					
(Sungur and Kaya, 2001)†	Mixed	Highly exposed fire survivors (n=27), moderately exposed violent protest survivors (n=34), and mildly exposed health professionals (n=18); N=79	1, 6, 12, and 18 months	PTSD defined according to DSM-III-R criteria	<i>Prevalence of acute PTSD:</i> 20.3%; <i>Prevalence of chronic PTSD:</i> 12.7%, of which 1.3% resolved by 18 months and 11.4% persisted; <i>Prevalence of delayed-onset PTSD:</i> 16.5%, of which 11.5% were resolved by 18 months and 5.0% persisted; <i>Correlates of chronic PTSD:</i> extent of trauma
<i>1994 Church Explosion, Lebanon—February 27, 1994</i>					
(Farhood and Noureddine, 2003)**	Survivors	Victims of the explosion (n=33), adults from victims' families (n=30), and matched neighbors (n=30); N=93	15 months	Clinician Administered PTSD Scale Version I	<i>Prevalence of PTSD:</i> 39.4% among victims, 10% among family members, 0% among neighbors; <i>Predictors of PTSD prevalence among victims:</i> female gender, severe injury, financial problems
<i>1994 Brooklyn Bridge Shooting—March 1, 1994</i>					
(Trappler and Friedman, 1996)†	Survivors	Hasidic students (ages 16-22) who survived a shooting attack on their van; N=11	8 weeks and 10 months	Posttraumatic Stress Disorder Symptom Scale, based on DSM-IV criteria	<i>Prevalence of PTSD:</i> 4 of 11 students (28%) had PTSD at 8 weeks; <i>Course:</i> At 10 months, all 4 students with PTSD at 8 weeks showed persistent symptoms of PTSD
<i>1995 Oklahoma City Bombing—April 19, 1995</i>					
(Pfefferbaum <i>et al.</i> , 1999)**	Community	Oklahoma City public school students; N=3218	7 weeks	Impact of Events Scale-Revised	<i>Correlates of higher PTSD symptom scores:</i> higher proportion of bombing-related television viewing in month after attack, reporting a sibling or parent killed, female gender
(Pfefferbaum <i>et al.</i> , 2001)**	Community	Students from 11 public middle schools in Oklahoma City; N=2381	7 weeks	22 items adapted from the Impact of Events Scale-Revised	<i>Correlates of higher PTSD symptoms scores:</i> television exposure (among students with no physical or emotional exposure)
(Pfefferbaum <i>et al.</i> , 2002a)**	Community	Students from 11 public middle schools in Oklahoma City; N=2381	7 weeks	22 items adapted from the Impact of Events Scale-Revised	<i>Correlates of higher PTSD symptoms scores:</i> television exposure, peritraumatic response
(Smith <i>et al.</i> , 1999)**	Community	Exposed adults from Oklahoma City (n=1010) and unexposed controls from Indianapolis (n=750); N=1760	3-4 months	6 questions about PTSD symptoms	<i>Prevalence of PTSD symptoms:</i> in Oklahoma City, 76.1% reported at least one PTSD symptom (compared to 62.7% in Indianapolis) and 43.1% reported at least 4 PTSD symptoms (compared to 32.1% in Indianapolis)

(Trautman <i>et al.</i> , 2002)**	Community	Adult Asian and Middle Eastern immigrants living in Oklahoma City; N=45	1.5-2 years	21 Items from the Posttraumatic Stress Scale	<i>Correlates of PTSD symptoms:</i> PTSD symptoms from prior trauma, older current age, younger age at time of prior trauma
(Pfefferbaum <i>et al.</i> , 2000b)**	Community	Sixth grade public school students from a community 100 miles from Oklahoma City; N=69	2 years	22 items adapted from the Impact of Events Scale-Revised	<i>Prevalence of PTSD:</i> 44% using least stringent criteria, 4% using most stringent criteria; <i>Correlates of PTSD symptoms:</i> difficulty functioning, exposure to TV/radio coverage of bombing (current and in aftermath), proportion of reading devoted to bombing-related material (current and in aftermath), having a friend who knew someone injured or killed
(North <i>et al.</i> , 1999)†	Survivors	Adults survivors of the bombing selected from a registry; N=182 at 6 months, 141 at 1 year	6 months and 1 year	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Prevalence of PTSD at 6 months:</i> 34.3%; <i>Onset:</i> Among PTSD cases, 74% reported same day onset, 18% within the first week, and 4% within the first month; <i>Correlates of PTSD prevalence at baseline:</i> female gender, pre-disaster psychiatric disorder, injury, injury or death of family member or friend; <i>Course:</i> 89% of persons with PTSD since the bombing were still symptomatic at 6 months
(North <i>et al.</i> , 2004)†	Survivors	Survivors in the direct path of the explosion; N=137	6 and 17 months	Diagnostic Interview Schedule/Disaster Supplement for DSM-III-R	<i>Course:</i> prevalence of bombing-related PTSD was 32% at 6 months and 31% at 17 months
(Shariat <i>et al.</i> , 1999)**	Survivors	Adult survivors of the bombing; N=494	1.5-3 years	PTSD measured using DSM-IV criteria	<i>Prevalence of PTSD:</i> 4%
(North <i>et al.</i> , 2002b)**	Responders	Firefighters involved in rescue and recovery; N=181	34 months	Diagnostic Interview Schedule for DSM-III-R	<i>Correlates of PTSD prevalence:</i> functional impairment, less pride in job, less positive job satisfaction, reporting more negative effects of the bombing on job satisfaction, less likely to get along with their boss and coworkers, changes in relationships
(Tucker <i>et al.</i> , 2000)**	Mixed	Adults from Oklahoma City seeking mental health assistance; N=85	6 months	Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms:</i> being injured, feeling nervous or afraid, perceived life endangerment, being upset by others' behaviors, reporting that counseling helped, reporting that work helped
(Pfefferbaum <i>et al.</i> , 2000a)**	Mixed	Exposed children who reported the death of a friend or acquaintance (n=27) and unexposed matched children (n=27); N=54	8-10 months	22 items adapted from the Impact of Events Scale-Revised	The mean PTSD symptom score for the group that lost a friend was significantly higher than for the group that lost an acquaintance; however, neither the group who lost a friend nor the group who lost an acquaintance scored significantly higher than the unexposed group
(North <i>et al.</i> , 2002c)**	Mixed	Firefighters involved in rescue and recovery (n=181) and primary victims (n=88); N=269	34 months	Diagnostic Interview Schedule	<i>Prevalence of PTSD:</i> prevalence among firefighters was lower than among primary victims (13% vs. 23%); <i>Correlates of PTSD prevalence among firefighters:</i> time spent at the bombing site, time spent in "the pit", pre-disaster PTSD diagnosis
(Pfefferbaum <i>et al.</i> , 2002b)**	Mixed	Female partners of firefighters who participated in rescue effort; N=27	42-44 months	Diagnostic Interview Schedule for DSM-III-R	<i>Prevalence of bombing-related PTSD:</i> 4% (1/27); <i>Correlates of PTSD symptoms:</i> change in job satisfaction for the worse (hyperarousal symptoms only)
(Pfefferbaum <i>et al.</i> , 2006b)**	Mixed	Female partners of firefighters who participated in recovery effort; N=24	43-44 months	Diagnostic Interview Schedule for DSM-III-R	<i>Prevalence of bombing-related PTSD:</i> 4% (1/24)

<i>1995 Elementary School Hostage Situation, Paris, France—December 3, 1995</i>					
(Vila <i>et al.</i> , 1999)†	Survivors	Directly (taken hostage) and indirectly exposed children (ages 6-10); N=47	2, 4, 7, and 18 months	Diagnoses using Kiddie-SADS-L according to DSM-IV criteria	<i>Course of PTSD among exposed:</i> 4% at 4 months, 12% at 7 months, 5% at 18 months; <i>Course of PTSD among indirectly exposed:</i> 10% at 4 months, 6% at 7 months, 0% at 18 months
<i>1996 Subway Bombing, Paris, France—December 1996</i>					
(Jehel <i>et al.</i> , 2003)†	Survivors	Victims of the bomb attack; N=32	6 and 32 months	Questionnaire of Posttraumatic Stress and the Impact of Events Scale; caseness based on DSM-III-R criteria	<i>Correlates of higher PTSD symptoms at 32 months:</i> physical injuries, non-managerial employment position, psychometric drug use before the incident; <i>Course of current PTSD:</i> prevalence decreased from 39% at 6 months to 25% at 32 months
<i>1998 Ceyhan Earthquake, Southern Turkey—June 27, 1998</i>					
(Altindag <i>et al.</i> , 2005)†	Survivors	Consecutive survivors (aged 15 and older) who used psychiatric services; N=105 at 1 month, 78 at 13 months	1 month and 13 months	Clinician Administered PTSD Scale for DSM-IV	<i>Correlates of PTSD at 1 month:</i> injury to self, less social support; <i>Course:</i> prevalence of earthquake-related PTSD declined from 42% within 1 month to 27% within 13 months
<i>1998 American Embassy Bombing, Nairobi, Kenya—August 7, 1998</i>					
(Pfefferbaum <i>et al.</i> , 2003)**	Survivors	Nairobi school children exposed to the bombing; N=562	8-14 months	22-item Posttraumatic Stress Scale	<i>Correlates of PTSD symptoms:</i> more severe peri-traumatic reaction, PTSD symptoms relating to other prior traumatic experiences
(Njenga <i>et al.</i> , 2004)**	Mixed	Opportunistic sample of patients from mental health clinic, employees in nearby office buildings, people who visited mental health information stations; N=2627	1-3 months	21 yes/no questions that matched most of the DSM-IV criteria	<i>Prevalence of PTSD:</i> 35.4%; <i>Correlates of PTSD prevalence:</i> female gender, unmarried status, less education, location somewhere outside of a building, seeing the blast, injury of any kind, not being cured (among injured), feeling afraid, feeling helpless, feeling threatened, not confiding in a friend, bereavement, experiencing financial difficulties
<i>1998 Omagh Bombing, Northern Ireland—August 15, 1998</i>					
(Luce and Firth-Cozens, 2002)†	Responders	Doctors working in the aftermath of the bombing; N=17 at 4 and 17 months	4 and 17 months	PTSD Symptom Scale, based on DSM-IV criteria	<i>Correlates of PTSD symptoms:</i> younger age; <i>Course:</i> prevalence of PTSD among doctors increased from 6% at 4 months to 12% at 17 months
(Luce <i>et al.</i> , 2002)**	Mixed	Employees of the local health service, approximately half having professional or civilian involvement; N=1064	4 months	Posttraumatic Stress Disorder Symptom Scale, based on DSM-III-R criteria	<i>Correlates of PTSD symptoms:</i> involvement in the bombing, involvement in both a civilian and professional capacity, previous experiences of trauma, past emotional difficulties
<i>1998 Discotheque Fire, Goteborg, Sweden—October 29, 1998</i>					
(Dyregrov <i>et al.</i> , 2003)**	Community	Students aged 13 to 19 years from throughout Goteborg; N=563	7 months	Impact of Events Scale, using cutoff of 35	<i>Prevalence of PTSD:</i> 27% (33% among males, 22% among females); <i>Correlates of higher PTSD symptom scores:</i> female gender, being born outside Sweden, present at discotheque when fire started, greater closeness to victims
(Broberg <i>et al.</i> , 2005)**	Survivors	Adolescents aged 13 to 24 who survived the fire; N=275	18 months	Clinician Administered	<i>Prevalence of PTSD:</i> 25% (19% among girls born in Sweden, 26% among girls not born in Sweden, 17 among boys born in Sweden, 31% among boys not

				PTSD Scale, based on DSM-IV criteria	born in Sweden); <i>Correlates of higher PTSD symptom scores:</i> less satisfaction with how school handled disaster, more absences related to the fire
(Lengua <i>et al.</i> , 2005)†	Community	September 11, 2001 Terrorist Attacks, New York City and Washington, DC—September 11, 2001 Children and their parents enrolled in ongoing cohort study of child development; N=142	Prior to attacks, 1 month, and 6 months	Child PTSD Symptom Scale, based on DSM-IV criteria	<i>Prevalence of PTSD at 1 month:</i> 8% (15% excluding functional impairment); <i>Correlates of PTSD prevalence at 1 month:</i> African-American race/ethnicity, pre-attack depression (child report), pre-attack externalizing (mother report), pre-attack social competence (child report), pre-attack self-esteem (mother report)
(Murphy <i>et al.</i> , 2003)**	Community	African-American undergraduates; N=219	2-3 days	Modified version of the PTSD Checklist-Civilian Version; caseness required scoring at least 50 out of 85	<i>Prevalence of PTSD:</i> 5%; <i>Correlates of PTSD symptoms:</i> having parents not currently together, later college year
(Schuster <i>et al.</i> , 2001)*	Community	Nationally representative sample; N=560 adults, 170 children	3-5 days	For adults, 5 items from the PTSD checklist; for children, 5 items from the Diagnostic Interview Schedule for Children, Version 4	<i>Prevalence of substantial stress reaction:</i> 44% among adults, 35% among children; <i>Correlates of PTSD symptoms among adults:</i> female gender, minority status, prior emotional or mental health problems, proximity to World Trade Center, northeast region residence, more hours of TV coverage viewed on day of attacks; <i>Correlates of PTSD symptoms among children:</i> female gender
(Galea <i>et al.</i> , 2002)**	Community	Random sample of Manhattan adults living south of 110 th street; N=988	5-8 weeks	National Women's Study PTSD questionnaire	<i>Prevalence of PTSD:</i> 7.5%; <i>Correlates of PTSD prevalence:</i> Hispanic ethnicity (OR = 2.6), experiencing ≥2 stressors in the 12 months before Sept. 11 (OR = 5.5), panic attack (OR = 7.6), residence south of Canal St. (OR = 2.9), loss of possessions due to the attacks (OR = 5.6)
(Pulcino <i>et al.</i> , 2003)**	Community	Random sample of Manhattan adults living south of 110 th street; N=988	5-8 weeks	National Women's Study PTSD questionnaire	<i>Correlates of PTSD prevalence:</i> after adjusting for potential confounders, the association between female gender and PTSD diminished from OR = 2.2 to OR = 1.2
(Ahern <i>et al.</i> , 2002)**	Community	Manhattan adults living south of 110 th street; N=988	5-8 weeks	National Women's Study PTSD questionnaire	<i>Correlates of PTSD prevalence:</i> reporting seeing people falling from the World Trade Center more than 7 times on television (OR = 3.1)
(Schlenger <i>et al.</i> , 2002)**	Community	Nationally representative adult sample with oversample of several metropolitan areas; N=2273	1-2 months	Specific stressor version of PTSD Checklist; caseness required scoring ≥50	<i>Prevalence of PTSD:</i> 11.2% among NYC residents, 4.3% nationally; <i>Correlates of PTSD prevalence:</i> being in NYC metro area on Sept. 11, TV coverage viewed per day, graphic Sept. 11 events viewed on TV; <i>Correlates of PTSD symptoms (NYC sample only):</i> younger age, female gender, being in the WTC on Sept. 11, hours of TV coverage viewed per day
(Fairbrother <i>et al.</i> , 2003)**	Community	NYC parents and their children; N=434	4 months	Posttraumatic Stress Disorder Reaction Index—Child	<i>Prevalence of severe to very severe PTSD symptomatology:</i> 18% of children; <i>Correlates of severe to very severe PTSD symptomatology:</i> parental PTSD since Sept. 11 (OR = 4.50), seeing parents cry (OR = 3.19), disaster images

(Nandi <i>et al.</i> , 2005)**	Community	Random sample of adults living in NYC; N=2001	4 months	Revision National Women's Study PTSD questionnaire	on television (OR = 3.18), living in Manhattan <i>Prevalence of PTSD: 7.4% (18.1% among cigarette dependent, 5.7% among non-cigarette dependent)</i>
(Cardenas <i>et al.</i> , 2003)**	Community	Undergraduate volunteer participants at an urban university in the Midwest; N=305	4-6 months	Self-report checklist based on DSM-IV PTSD criteria	<i>Prevalence of PTSD: 5.9%; Correlates of PTSD symptoms: female gender, unmarried marital status, less education, prior history of mental health problems or psychological trauma, viewing television coverage of events, substance use since Sept. 11</i>
(Hoven <i>et al.</i> , 2005)**	Community	Representative sample of NYC public school students in grades 4-12; N=8236	6 months	Diagnostic Interview Schedule for Children Predictive Scales based on DSM-IV criteria	<i>Prevalence of PTSD: 10.6% (18.4% among severely exposed, 10.0% among moderately exposed, 3.6% among mildly exposed); Correlates of PTSD prevalence: female gender, earlier grade</i>
(Duarte <i>et al.</i> , 2006)**	Community	Representative sample of NYC public school students in grades 4-12; N=8236	6 months	Diagnostic Interview Schedule for Children Predictive Scales	<i>Prevalence of PTSD: 10.6% among children with at least one family member who was a police officer, 18.9% among children with at least one family member who was an emergency medical technician, 5.6% among children with at least one family member who was a firefighter, 17.0% among children with family members in at least two of the three possible first-responder occupations, 10.1% among children with no first responders in the family</i>
(Galea <i>et al.</i> , 2004)**	Community	Random sample of NYC metropolitan area adults; N=2616	6-9 months	National Women's Study PTSD questionnaire	<i>Prevalence of PTSD: 5.2% among non-Hispanics, 14.3% among Dominicans, 13.2% among Puerto Ricans, 6.1% among other Hispanics; Correlates of higher PTSD prevalence among Dominicans and Puerto Ricans: adjusting for income, age, proximity to the attacks, social support, experiencing a peri-event panic attack, and having a friend/relative killed in the attacks explained 73.5% and 60.2% of the relative increase in PTSD among Dominicans and Puerto Ricans respectively</i>
(Pfefferbaum <i>et al.</i> , 2006a)**	Community	Representative sample of NYC metropolitan area adolescents aged 12-17 years; N=161	6-9 months	UCLA PTSD index for DSM-IV (Adolescent Version)	<i>Prevalence of adolescent PTSD: 12.6%; Correlates of PTSD prevalence: living in a single-parent household, having experienced a peri-event panic attack on September 11</i>
(Stuber <i>et al.</i> , 2006)**	Community	Random sample of NYC metropolitan area adults; N=2752	6-9 months	Lifetime PTSD and PTSD related to 9/11 attacks assessed using National Women's Study PTSD questionnaire	<i>Prevalence of PTSD: 17.2% (lifetime, women), 12.1% (lifetime, men), 6.5% (related to attacks, women), 5.4% (related to attacks, men); Correlates of higher lifetime PTSD prevalence among women: sexual assault, preexisting mental health problems, race/ethnicity, marital status, peri-event panic attack soon after attacks; Correlates of higher re-experiencing and hyperarousal symptoms related to 9/11 attacks among women: peri-event panic attack soon after attacks</i>
(Silver <i>et al.</i> , 2002)†	Community	Nationally representative adult sample of persons residing outside of New York City; N=2729 at 9-23 days, 933 at 2 months, 787 at 6 months	9-23 days, 2 months, and 6 months	Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms during follow-up: female gender (OR = 1.42), prior mental disorder (OR = 1.60), behavioral disengagement (OR = 1.68), denial coping (OR = 1.33), sought social support (OR = 1.47), self-blame (OR = 1.66), self-distraction coping (OR = 1.31), acceptance (OR = 0.71); Course: prevalence of PTSD decreased from 17.0% at 2 months to 5.8% at 6</i>

(Galea <i>et al.</i> , 2003)§	Community	Random samples of Manhattan residents (at 1 month) and all adults in NYC (at 4 and 6 months); N=988 at 1 month, 2001 at 4 months, 1570 at 6 months	1, 4, and 6, months	National Women's Study PTSD questionnaire	months <i>Current PTSD prevalence at 6 months among those with PTSD since Sept. 11: 19.7%; Correlates of PTSD since Sept. 11 at 6 months: marital status, social support, previous lifetime traumatic events, pre-disaster life stressors, post-disaster life stressors, living south of 14th St., seeing attacks in person, being directly affected; Correlates of current PTSD prevalence at 6 months among those with PTSD since Sept. 11: job loss as results of attacks; Course: current PTSD prevalence in Manhattan decreased from 7.5% at 1 month to 1.7% at 4 months to 0.6% at 6 months</i>
(Simeon <i>et al.</i> , 2005)†	Community	Convenience sample of adults recruited via local newspaper advertisement who felt "significantly affected" by the disaster; N=58 at 1 year	Acute aftermath and 1 year	Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms at 1 year: peritraumatic distress, posttraumatic stress symptoms in acute aftermath, interim social support; Course: there was a 23% decline in the mean number of symptoms reported over the 1st year after the attacks</i>
(Nandi <i>et al.</i> , 2004)†	Community	Random sample of NYC metropolitan area adults interviewed at 6 months (baseline) and 12 months (follow-up); N=1939	6 months and 12 months	National Women's Study PTSD questionnaire	<i>Prevalence of persistent PTSD (PTSD at follow-up among those with PTSD at baseline: 42.7%; Correlates of the persistence of PTSD: unemployment at any time since baseline (among entire cohort and persons employed at follow-up), higher work stress (among persons employed at follow-up)</i>
(Bernstein <i>et al.</i> , 2007)†	Community	Random sample of NYC metropolitan area adults without PTSD at 6 months with follow-up interviews at 12 months; N=1787	6 months and 12 months	National Women's Study PTSD questionnaire	<i>Incidence of PTSD between 6 and 12 months: 5.6%; Correlates of incident PTSD: watching more than 12 hours of September 11 anniversary television coverage (OR=3.34)</i>
(Adams and Boscarino, 2005)**	Community	Random sample of NYC adults; N=2368	1 year	National Women's Study PTSD questionnaire, based on DSM-IV criteria; symptom severity assessed using PTSD Symptom Checklist	<i>Prevalence of PTSD in the past year: 4% among Whites, 5.5% among African Americans, 5.3% among Dominicans, 8.4% among Puerto Ricans, 5% among other Latinos (p=0.212)</i>
(Adams and Boscarino, 2006)†	Community	Random sample of NYC adults; N=2368 at 1 year, 1681 at 2 years	1 year and 2 years	National Women's Study PTSD questionnaire, based on DSM-IV criteria	<i>Correlates of PTSD at 1 year: younger age, female gender, very high exposure to the disaster, more negative life events, more lifetime traumatic events, less social support, low self-esteem; Correlates of PTSD at 2 years: moderate age, Hispanic race/ethnicity, more negative life events between years 1 and 2, more traumatic events between years 1 and 2, low year 2 self-esteem</i>
(Adams <i>et al.</i> , 2006)†	Community	Random sample of NYC adults; N=2368 at 1 year, 1681 at 2 years	1 year and 2 years	Subsyndromal PTSD assessed using National Women's Study PTSD	<i>Prevalence of subsyndromal PTSD at 2 years: 19.8%; Prevalence of moderate to high symptom severity at 2 years: 9.5%; Correlates of subsyndromal PTSD prevalence at 2 years: alcohol dependence, increased days drinking, increased drinks per day; Correlates of PTSD symptom severity: alcohol dependence</i>

(Jackson <i>et al.</i> , 2006)**	Community	First-time service recipients of Project Liberty counseling; N=465428	Within 27 months	questionnaire; symptom severity assessed using PTSD Symptom Checklist 8 questions about PTSD symptoms (7 corresponding to DSM-IV criteria); caseness required scoring ≥ 3	Prevalence of PTSD: 26%
(Jordan <i>et al.</i> , 2004)**	Survivors	Pentagon employees (79% at or near Pentagon during attack or rescue efforts); N=4739	1-4 months	PTSD assessed using 4 questions from the National Center for PTSD checklist scale based on DSM-IV criteria	Prevalence of PTSD: 7.9%; Correlates of PTSD prevalence: age 40-49 vs. <30 (OR = 0.6), age 50-59 vs. <30 (OR = 0.5), age ≥ 60 vs. <30 (OR = 0.3), female gender (OR = 2.8), civilian status vs. military (OR = 2.0), history of mental health treatment (OR = 2.2), history of trauma as child and adult (OR = 1.5), knew dead/seriously injured (OR = 1.7), witnessed death/serious injury (OR = 2.4), greater proximity to crash site, injured from attack (OR = 2.4), >2 close confidants vs. 0-2 (OR = 0.4)
(Grieger <i>et al.</i> , 2003)**	Survivors	Sample of survivors of the Sept. 11 terrorist attack on the Pentagon; N=77	7 months	Impact of Events Scale-Revised	Prevalence of PTSD: 14%; Correlates of PTSD prevalence: female gender, emotional response, peri-traumatic dissociation, lower perceived safety, increased alcohol use
(Fullerton <i>et al.</i> , 2006)**	Responders	Disaster workers who visited rest and relief area; N=89	2 weeks	Impact of Events Scale-Revised using cutoff of 22.3	Prevalence of PTSD: 22.5%; lower perceived safety (associated with intrusion and hyperarousal, but not avoidance)
(Zimering <i>et al.</i> , 2006)**	Responders	Directly and indirectly exposed mental health relief workers deployed to Ground Zero for 1 week within the first 2 months; N=109	6-8 months	Structured PTSD diagnostic interview with the Clinician-Administered PTSD Scale	Prevalence of PTSD: 4.6% of workers met criteria for PTSD linked to indirect exposure and 6.4% of workers met criteria for PTSD linked to direct exposure
(CDC, 2004)**	Responders	Participants in the rescue and recovery efforts after the attacks; N=1138	10-15 months	PTSD Checklist	Prevalence of PTSD: 20% according to symptom count on PTSD checklist (13% after applying diagnostic criteria)
(Simons <i>et al.</i> , 2005)**	Responders	Paid and volunteer Red Cross staff who responded within 3 months after the attacks; N=779	12-17 months	Impact of Events Scale-Revised	Correlates of hyperarousal symptoms: younger age, working at a disaster site, increase in alcohol use, decrease in alcohol use, hazardous drinking; Correlates of intrusion symptoms: gender, younger age, working at a disaster site, increase in alcohol use, decrease in alcohol use, hazardous drinking (among younger); Correlates of avoidance symptoms: increase in alcohol use, decrease in alcohol use, hazardous drinking (among younger)
(Gross <i>et al.</i> , 2006)**	Responders	Samples of World Trade Center clean-up and recovery workers	20 months	PTSD Checklist-Civilian Version	Prevalence of PTSD: 13.5% among exposed workers vs. 5.7% among unexposed controls; Correlates of PTSD prevalence: perievent anxiety, loss

(Evans <i>et al.</i> , 2006)**	Responders	(n=1135) and unexposed workers (n=224); N=1359 Utility workers deployed to the World Trade Center in the immediate aftermath; N=626	21-25 months	Clinician Administered PTSD Scale	on Sept. 11, exposure to death and to human remains, major depression, current cough and wheezing, past or present asthma <i>Prevalence of PTSD: 5.75% (36/626); Correlates of PTSD symptoms score: anger, distress, social/occupational functioning</i>
(Jayasinghe <i>et al.</i> , 2006)**	Responders	Male disaster workers who reported Vietnam service (n=125), a history of childhood physical abuse (n=57), or no prior trauma history (n=116); N=298	1.5-3.5 years	Clinician Administered PTSD Scale	<i>Prevalence of PTSD: 14% among physical abuse group, 4% in Vietnam veteran group, 3.4% in no trauma group; Correlates of higher PTSD symptom scores: being in physical abuse group</i>
(Leck <i>et al.</i> , 2006)**	Responders	Male utility workers deployed to the World Trade Center site after the attacks; N=2122	Not reported	Clinician Administered PTSD Scale	<i>Correlates of higher PTSD symptom scores: history of childhood sexual abuse</i>
(Franklin <i>et al.</i> , 2002)**	Mixed	Patients from 3 community-based outpatient psychiatric and primary care practices in Rhode Island; N=308	2-3 weeks	Modified Posttraumatic Diagnostic Scale	<i>Prevalence of PTSD: 28%; Correlates of PTSD prevalence: psychiatric (vs. medical patient) (OR = 3.17), feeling that the attacks worsened preexisting condition, wanting to speak to clinician about attacks, scheduling appointment to talk about attacks</i>
(Kinzie <i>et al.</i> , 2002)**	Mixed	Sample of Vietnamese, Cambodian, Laotian, Bosnian, and Somali refugees with PTSD from a US psychiatric program; N=129	Within 2 months	Not reported	Refugees with PTSD showed a strong reaction to the events of Sept. 11, including significant increases in the frequency of recurrent nightmares and intrusive memories, suggesting that the events of Sept. 11 may have reactivated traumatic memories.
(Neria <i>et al.</i> , 2006c)**	Mixed	Systematic sample of adult, predominately Hispanic patients seeking primary care at an urban general medicine clinic in NYC; N=930	7-16 months	PTSD Checklist-Civilian Version, with caseness defined based on DSM-IV criteria and using cutoff of 50	<i>Prevalence of current September 11-related PTSD: 10.2% based on DSM-IV criteria, 4.7% based on cutoff of 50; Correlates of current September 11-related PTSD prevalence (based on DSM-IV criteria): knew someone killed by the disaster, mental health comorbidity, social and family life impairment, work loss of 1 week or more in the past month, worse mental and physical health-related quality of life, increased use of mental health medication</i>
(Tapp <i>et al.</i> , 2005)**	Mixed	Exposed NYC transit employees working on the morning of the attacks in the affected area and unexposed employees working outside Lower Manhattan; N=381	7.5 months	17 item Veteran's Administration PTSD checklist used to assess prevalence of posttraumatic stress symptoms	<i>Prevalence of posttraumatic stress symptoms: 8%; Correlates of reporting posttraumatic stress symptoms: knowing a victim (OR = 3.07), being in the dust cloud (OR = 2.91)</i>
(Lating <i>et al.</i> , 2004a)**	Mixed	American Airlines flight attendants; N=2050	9-13 months	PTSD Checklist-Specific Stressor version using cutoff of 50	<i>Prevalence of PTSD: 18.2%; Correlates of PTSD prevalence: living alone (vs. with someone else), widowed/single/divorced marital status (vs. separated/married)</i>
(Lating <i>et al.</i> , 2004b)**	Mixed	East Coast-based (n=513) and West Coast-based (n=353) American Airlines flight	10 months	PTSD Checklist-Specific Stressor version using	<i>Prevalence of PTSD: 19.1% among East Coast-based sample and 18.3% among West Coast-based sample (p=0.76)</i>

(de Bocanegra <i>et al.</i> , 2006)**	Mixed	attendants; N=866 Chinese immigrants from NYC who lost their jobs as a result of the attacks and received emergency relief services; N=148	18 months	cutoff of 50 PTSD Checklist-Civilian Version	<i>Prevalence of PTSD:</i> 19%; <i>Correlates of higher PTSD symptom scores:</i> visited physician after attacks, receipt of prescription drugs after the attacks, increase in medication usage, greater interest in receiving counseling
(Neria <i>et al.</i> , In Press)**	Mixed	Convenience sample of bereaved adults who lost a family member, colleague, or friend due to the attacks; N=704	2.5-3.5 years	PTSD Checklist-Civilian Version using cutoff of 50	<i>Correlates of PTSD prevalence:</i> complicated grief
(Vazquez <i>et al.</i> , 2006)**	Community	University psychology students in Madrid (n=194) and adult residents of the Madrid general population that they recruited (n=309); N=503	18-25 days	PTSD Checklist-Civilian Version; caseness defined using cutoff of 44, cutoff of 50 (including only items scoring ≥ 4), and DSM-IV criteria (score ≥ 4 indicating presence of symptom)	<i>Prevalence of PTSD:</i> 13.3% (using cutoff of 44), 3.4% (using cutoff of 50), 1.9% (using DSM-IV criteria); <i>Correlates of higher PTSD symptom scores:</i> female gender, living closer to bombings, proximity to attacks when they occurred, perception of one's life being at risk, physical injury, knowing someone directly affected, being daily user of the attacked train lines
(Miguel-Tobal <i>et al.</i> , 2006)**	Community	Random sample of Madrid city adults; N=1589	1-3 months	National Women's Study PTSD questionnaire	<i>Prevalence of PTSD:</i> 2.3% (related to March 11 attacks), 1.7% (not related to March 11 attacks), 12.2% (lifetime prevalence); <i>Correlates of PTSD related to the attacks:</i> female gender (OR = 2.6), age 18-29 vs. ≥ 60 (OR = 9.8), age 30-44 vs. ≥ 60 (OR = 9.1), age 45-59 vs. ≥ 60 (OR = 7.6), less social support (OR = 2.1), 1-2 (OR = 2.4) and ≥ 3 (OR=7.4) life stressors in 12 months before March 11, symptoms of panic attack during or soon after attacks (OR = 8.2), directly witnessing the event (OR=2.9)
(Fraguas <i>et al.</i> , 2006)†	Mixed	Adults patients treated in emergency room after attack and relatives of patients; N=103 at 1 month; 76 at 6 months	1 and 6 months	17 item Davidson Trauma Scale based on DSM-IV criteria using cutoff of 40	<i>Prevalence of PTSD among patients:</i> 41.1% at 1 month (31.3% among men, 54.2% among women) and 40.9% at 6 months (30.4% among men, 52.4% among women); <i>Prevalence of PTSD among relatives:</i> 34.0% at 1 month (38.9% among men, 31.0% among women) and 31.3% at 6 months (25.0% among men, 35.0% among women); <i>Correlates of PTSD prevalence among patients:</i> psychiatric history prior to the attack (at 1 month), PTSD at 1 month (at 6 months)

*Timing of assessment(s) after the disaster

** Cross-sectional study design.

‡ OR, odds ratio.

† Prospective cohort study design.

§ Serial cross-sectional study design.

Table 2. Key studies assessing post-traumatic stress after technological disasters

Study	Sample type	Sample; N	Timeframe*	PTSD measure	Main findings
<i>1966 Aberfan Mining Disaster, South Wales—October 21, 1966</i>					
(Morgan <i>et al.</i> , 2003)**	Survivors	Exposed survivors (n=41) and unexposed matched controls (n=72); N=113	33 years	Composite International Diagnostic Interview and the Impact of Events Scale	<i>Prevalence of PTSD since the disaster:</i> 46% of survivors compared to 20% of controls (OR _‡ = 3.38); <i>Prevalence of current PTSD at 33 years (scoring ≥35 on IES):</i> 29% of survivors
<i>1972 Buffalo Creek Dam Collapse, West Virginia—February 26, 1972</i>					
(Green <i>et al.</i> , 1991)**	Survivors	Children (ages 2-15) exposed to the disaster; N=179	2 years	Clinical evaluations retrospectively examined using DSM-III-R criteria	<i>Prevalence of PTSD:</i> 37%; <i>Correlates of PTSD symptoms:</i> life threat, female gender, mother's overall severity, irritable family atmosphere, depressed family atmosphere
(Green <i>et al.</i> , 1992)**	Survivors	Adults exposed to the disaster; N=193	14 years	Modified Structured Clinical Interview for DSM-III; caseness required at least 2 criteria C and 1 criteria D symptom	<i>Prevalence of PTSD:</i> 59.4% anytime after incident, 25.0% current at 14 years; <i>Correlates of PTSD prevalence at 14 years:</i> blocked during escape from flood waters, being injured, exposure to the elements for a long period, losing a household member
(Green <i>et al.</i> , 1990)†	Survivors	Adults exposed to the disaster; N=120 at 14 years	2 and 14 years	Structured Clinical Interview for DSM-III modified to address most DSM-III-R criteria	<i>Correlates of persistent PTSD:</i> blocked while trying to escape flood waters, exposure to elements directly after flood, death in household; <i>Course:</i> prevalence of disaster-related PTSD decreased from 44% at 2 years to 28% at 14 years; 17% of the sample had persistent PTSD, 28% recovered, 44% did not have PTSD at 2 or 14 years, and 11% were delayed cases
(Green <i>et al.</i> , 1994)**	Survivors	Adults exposed to the disaster as children; N=99	17 years	Structured Clinical Interview for DSM-III-R—Non-patient version, with the PTSD section added	<i>Prevalence of disaster-related PTSD:</i> 32% anytime after incident, 7% current at 17 years; <i>Correlates of PTSD symptoms:</i> injury, loss of pets
<i>1979 Three Mile Island Nuclear Accident—March 1979</i>					
(Davidson and Baum, 1986)**	Survivors	Exposed residents and unexposed controls; N=122	58 months	Impact of Events Scale	<i>Correlates of PTSD symptoms:</i> being in exposed group, higher levels of chronic stress
<i>1980 Alexander L. Kielland Oil Rig Disaster, North Sea—March 27, 1980</i>					
(Ersland <i>et al.</i> , 1989)**	Responders	Exposed professional and non-professional rescue workers; N=134	9 months	Impact of Events Scale	<i>Prevalence of high levels of PTSD severity:</i> 15% on intrusion scale, 13% on avoidance scale
<i>1983 Apartment Building Explosion, Greenville, North Carolina—March 2, 1983</i>					
(Durham <i>et al.</i> , 1985)**	Responders	Rescue, fire, and medical personnel involved in rescue and treatment on-site (n=53) or	5 months	Caseness required at least 1 reexperiencing, 1	<i>Prevalence of PTSD:</i> 13.9%; <i>Correlates of PTSD symptoms:</i> working on-site (vs. at hospital)

		at hospital (n=26); N=79		avoidance, and 2 arousal symptoms	
(Sloan, 1988)†	Survivors	Male college basketball players on board the aircraft; N=30	12 days; 2, 5, 10, and 12 months	PTSD diagnosed using a structured interview based on DSM-III criteria	Course: PTSD prevalence declined from 54% at 12 days to 10-15% at 12 months
(Tyano <i>et al.</i> , 1996)**	Survivors	Exposed survivors (n=306) and unexposed controls (n=83); N=389	7 years	PTSD Inventory, based on DSM-III-R criteria	Correlates of PTSD symptoms: being highly exposed
(Havenaar <i>et al.</i> , 1997)**	Community	Population samples from Gomel (n=1617) and Tver (n=1427); N=3044	6.5 years	12-item version of the General Health Questionnaire, based on DSM-III-R criteria	Prevalence of PTSD: prevalence was 2.4% in Gomel (near the accident site) compared to 0.4% in Tver (500 miles away)
(Cwikel <i>et al.</i> , 2000)**	Community	Immigrants from the Former Soviet Union to Israel from variably exposed and unexposed areas; N=699	8 years	Impact of Events Scale	Correlates of PTSD symptoms: being in high exposure group, number of stressful life events
(Foster, 2002)**	Community	Survivors who migrated to the US from the general and clinical populations of Russian immigrants in the New York tri-state area; N=261	15 years	Revised Civilian Mississippi PTSD Scale	Correlates of PTSD symptoms: being in the clinical subgroup, older age, proximity to disaster, having left the Former Soviet Union (FSU) for environmental reasons, having left the FSU because of discrimination
(Tarabrina <i>et al.</i> , 2001)**	Responders	Male workers who participated in decontamination; N=71	6-7 years	PTSD diagnosed according to DSM-III-R criteria	Prevalence of PTSD: 20% diagnosed with PTSD, 22% were at risk, and 58% were at no risk or mild risk for PTSD
(Joseph <i>et al.</i> , 1994)**	Survivors	Adult survivors; N=73	30 months	Impact of Events Scale	Correlates of intrusive symptoms: greater perception of helplessness, bereavement; Correlates of avoidance symptoms: crisis support
(Joseph <i>et al.</i> , 1997)†	Survivors	Adult survivors; N=73 at 3 years, 37 at 5 years	3 and 5 years	Impact of Events Scale	Correlates of intrusive scores at 5 years: intrusion scores at 3 years; Correlates of avoidance symptom scores at 5 years: negative attitudes at 3 years, avoidance scores at 3 years
(Dalgleish <i>et al.</i> , 1996)†	Survivors	Adult survivors; N=73 at 3 years, 37 at 6 years	3 and 6 years	Impact of Events Scale	Correlates of intrusive symptoms at 6 years: intrusion scores at 3 years; Correlates of avoidance symptoms at 6 years: less crisis support, avoidance scores at 3 years; Course: intrusive symptoms declined significantly between 3 and 6 years
(Dooley and Gunn, 1995)**	Mixed	Survivors (n=47) and relatives of victims (n=28); N=75	Within 2 years	PTSD diagnosed according to DSM-III-R criteria	Prevalence of PTSD: 36%; Correlates of PTSD prevalence: being in non-bereaved group
(Smith <i>et al.</i> ,	Survivors	Hotel employees who were on-site	4-6 weeks	Diagnostic Interview	Prevalence of PTSD: 22% among all employees, 29% among those who were

1990)**		(n=17) or off-site (n=29); N=46		Schedule/Disaster Supplement, based on DSM-III criteria	on-site, 17% among those who were off-site
		<i>1987 Train Collision Accident, Lerum, Sweden—November 16, 1987</i>			
(Hagstrom, 1995)**	Survivors	Injured patients from a hospital and a primary care center; N=66	10 days	Avoidance and intrusion symptoms	<i>Correlates of avoidance symptoms: female gender, perception of threat to life; Correlates of intrusion symptoms: perception of threat to life</i>
		<i>1987 King's Cross Underground Railway Fire, London—November 18, 1987</i>			
(Turner et al., 1995)**	Mixed	Directly exposed persons, including passengers and emergency medical personnel; N=50	1-12 months	Impact of Events Scale	<i>Correlates of PTSD symptoms: severe exposure to the disaster</i>
		<i>1988 Piper Alpha Oil Rig Disaster—July 6, 1988</i>			
(Hull et al., 2002)**	Survivors	Survivors; N=33	10 years	Clinician Administered PTSD Scale for DSM-IV, Current and Lifetime Diagnostic Version	<i>Prevalence of PTSD: 73% acute diagnosis, 21% current at 10 years; Correlates of current PTSD prevalence at 10 years: impairment in social and occupational functioning; Correlates of PTSD symptoms: sustained anger, chronic dissociative symptoms, saw death of and/or injury to colleagues, difficulty finding work post-disaster</i>
(Alexander, 1993)†	Responders	Police officers who searched for and identified human remains; N=48 at 3 months, 25 at 3 years	3 months and 3 years	Impact of Events Scale	<i>Course: total posttraumatic symptom scores decreased significantly between 3 months and 3 years</i>
		<i>1988 Fatal School Bus Accident, Norway—August 15, 1988</i>			
(Dyregrov et al., 1996)†	Responders	Professional and volunteer emergency responders; N=43	1 and 13 months	Impact of Events Scale	<i>Prevalence of high levels of PTSD severity at 1 month: 25% among voluntary workers compared 13% among professional helpers; Correlates of PTSD symptoms scores at 1 month: being in voluntary worker group (vs. professional); Course: symptoms declined significantly between 1 and 13 months</i>
(Winje, 1996)†	Mixed	Adults from Stockholm whose child or spouse were among the bus passengers; N=36	1, 3, and 5 years	Impact of Events Scale	<i>Course of high intrusion scores: 39% at 1 year, 22% at 3 years, 31% at 5 years; Course of high avoidance scores: 19% at 1 year, 19% at 3 years, 3% at 5 years</i>
		<i>1988 Air Show Midair Collision, Ramstein Air Force Base, Germany—August 28, 1988</i>			
(Epstein et al., 1998)†	Responders	Military medical health care who cared for victims; N=355	6, 12, and 18 months	Modified version of the Symptom Checklist-9R and the Impact of Events Scale; caseness required meeting DSM-III-R criteria and scoring >19 on the	<i>Correlates of PTSD prevalence: less education, working with burn patients, stressful events in 6 months post-disaster; Course: prevalence decreased from 12.1% at 12 months to 7.3% at 18 months</i>

IES					
<i>1988 Jupiter Shipping Disaster, Greece—October 21, 1988</i>					
(Yule <i>et al.</i> , 2000)†	Survivors	Adolescent survivors (n=217) from 15 UK schools and unexposed friends or acquaintances (n=87) from the same schools; N=304	5 months and 5-8 years	Clinician Administered PTSD Scale; PTSD defined according to DSM-IV criteria	<i>Incidence of PTSD during follow-up:</i> 51.5% of the survivors compared to 3.4% of unexposed controls; <i>Onset:</i> 90% of PTSD cases developed within 6 months; <i>Course:</i> 30% of survivors who developed PTSD recovered within a year of onset, 34% still had PTSD at follow-up; 26% of survivors had PTSD for over 5 years
(Udwin <i>et al.</i> , 2000)†	Survivors	Survivors (ages 11-18) from 15 UK schools; N=217	5 months and 5-8 years	Clinician Administered PTSD Scale; PTSD defined according to DSM-IV criteria	<i>Correlates of PTSD incidence:</i> seeing blood during sinking (OR = 2.36), being trapped during sinking (OR = 3.73), thought of not escaping (OR = 1.18), fear or panic (OR = 1.54), anxious at baseline (OR = 1.15); <i>Correlates of longer PTSD duration (≥2 years):</i> relationship difficulties (OR = 2.35), childhood illness (OR = 5.16), depression symptoms at baseline (OR = 1.08); <i>Correlates of PTSD severity among those with PTSD:</i> childhood separation anxiety, not receiving help and support in school after disaster, depression symptoms at baseline
(Mirzamani and Bolton, 2002)†	Mixed	British mothers of adolescent children that were directly involved; N=37	3 months and 6 years	Posttraumatic Stress Symptom Scale, based on DSM-III-R criteria	<i>Course:</i> prevalence of PTSD was 35.1% at 3 months and 8.1% at 6 years
<i>1988 Clapham Rail Accident, UK—December 12, 1988</i>					
(Selly <i>et al.</i> , 1997)**	Survivors	Survivors (n=187) and unexposed controls (n=104); N=291	10-22 months	Impact of Events Scale; caseness required a score ≥40	<i>Prevalence of medium to high levels of intrusive PTSD severity:</i> 37% among exposed vs. 21% among controls; <i>Prevalence of medium to high levels of avoidance PTSD severity:</i> 28% among exposed vs. 17% among controls; <i>Correlates of intrusive PTSD symptoms:</i> injury severity, feeling at risk of death; <i>Correlates of avoidance PTSD symptoms:</i> injury severity, feeling trapped, witnessing death
<i>1989 Kegworth Air Disaster, UK—January 8, 1989</i>					
(Gregg <i>et al.</i> , 1995)**	Survivors	Survivors of the crash; N=68	6-12 months	Diagnoses were made according to DSM-III-R criteria	<i>Prevalence of PTSD:</i> 40%; <i>Correlates of PTSD prevalence:</i> younger age, seeing injured or dead passengers, lower injury severity, increased alcohol consumption
<i>1989 Exxon Valdez Oil Spill, Alaska—March 24, 1989</i>					
(Palinkas <i>et al.</i> , 1993)**	Community	Residents of 13 communities highly exposed (n=145), mildly exposed (n=167), or unexposed (n=281); N=593	1 year	Modified version of the Diagnostic Interview Schedule-Version 3, based on DSM-III-R criteria	<i>Prevalence of post-disaster PTSD:</i> 9.4%; <i>Correlates of PTSD prevalence:</i> being in highly exposed group (OR = 2.63), female gender (OR = 2.20)
(Arata <i>et al.</i> , 2000)**	Community	Commercial fishers from a community economically affected by the incident; N=125	6 years	Crime Related Post Traumatic Stress Disorder subscale of the Symptom Checklist 90-Revised; caseness	<i>Prevalence of PTSD:</i> 34% among males, 40% among females; <i>Correlates of PTSD prevalence:</i> avoidance coping, changes in relationships with non-relatives, changes in physical health, investment without gain

(Palinkas <i>et al.</i> , 2004)**	Community	Adult Alaskan Natives (n=188) and Euro-Americans (n=371) randomly sampled from communities exposed to the oil spill; N=559	1 year	defined using a 0.89 cutoff score Modified version of the Diagnostic Interview Schedule-Version 3, based on DSM-III-R criteria	<i>Prevalence of PTSD</i> : 12.2% among Alaskan Natives, 8.6% among Euro-Americans; <i>Correlates of PTSD prevalence among Alaskan Natives</i> : female gender, being employed, less family support, higher social disruption; <i>Correlates of PTSD prevalence among Euro-Americans</i> : less education, higher social disruption
(Ursano <i>et al.</i> , 1995)†	Responders	Directly exposed volunteer mortuary workers; N=54 at 1 month, 41 at 4 months, 44 at 13 months	1, 4, and 13 months	1989 USS Iowa Gun Turret Explosion—April 19, 1989 Symptom Checklist-90-R, Impact of Events Scale, and 12 additional items; caseness required meeting DSM-III-R criteria and scoring >19 on the IES	<i>Course</i> : PTSD prevalence decreased from 11% at 1 month to 10% at 4 months to 2% at 13 months after the incident
(Ursano <i>et al.</i> , 1999)†	Responders	Directly exposed volunteer mortuary workers; N=54 at 1 month, 41 at 4 months, 44 at 13 months	1, 4, and 13 months	Symptom Checklist-90-R, Impact of Events Scale, and 12 additional items	<i>Correlates of post-disaster PTSD</i> : identifying with the deceased as a friend (“it could have been my friend”)
(Fullerton <i>et al.</i> , 2004)†	Responders	Exposed and control disaster workers; N=628 at 2 months (207 exposed, 421 control), N=444 at 7 months (161 exposed, 283 control), N=333 at 13 months (111 exposed, 217 control)	2, 7, and 13 months	1989 Crash of United Airlines Flight 232, Sioux City, Iowa—July 18, 1989 DSM PTSD-IV Scale	<i>Prevalence of PTSD at 13 months</i> : 16.7% among exposed (1.9% among controls); <i>Correlates of PTSD among exposed at 13 months</i> : prior disaster exposure, greater disaster exposure, assisted survivors, greater number of early dissociative symptoms, acute stress disorder, depression at 7 months, depression at 13 months
(Thompson <i>et al.</i> , 1994)**	Survivors	Adult survivors, 25 of whom were multiply bereaved; N=27	10 months	1989 Marchioness Riverboat Disaster, Thames River, UK—August 20, 1989 Impact of Events Scale	<i>Prevalence of PTSD symptoms</i> : mean IES score (46.37) was higher than the normal population estimate of 10 and the mean of 34 reported in a study of stress clinic attendees
(Weiss <i>et al.</i> , 1995)**	Responders	154 emergency services exposed (from I-880 freeway collapse) and a control group of 213 from the San Francisco and San Diego areas; N=367	1.5 years for exposed; 3-4 years for controls	1989 Loma Prieta Earthquake, San Francisco Bay Area, California—October 17, 1989 Mississippi Scale for Combat-related PTSD (M-PTSD), modified for civilian EMS worker use	<i>Correlates of PTSD prevalence</i> : fewer years of EMS experience, less social support, lower levels of psychological adjustment, external locus of control, exposure, more peri-traumatic dissociative experiences
(Freed <i>et al.</i> , 1998)**	Community	Exposed residents (n=295) of affected areas and unexposed	3-4 months	1991 Toxic Chemical Railroad Spill, California—July 14, 1991 Impact of Events Scale; caseness	<i>Prevalence of PTSD</i> : 14.9% among exposed, 11.4% among controls; <i>Correlates of PTSD prevalence</i> : exposure, tension, depression, anger, fatigue, confusion

(Bowler <i>et al.</i> , 1994)**	Community	controls (n=114); N=409 Exposed residents (n=350) of affected areas and unexposed controls (n=114); N=464	3-4 months	determined using cutoff score of 46 Minnesota Multiphasic Personality Inventory 2 PTSD subscale	<i>Correlates of PTSD</i> : being in exposed group
(March <i>et al.</i> , 1997)**	Community	<i>1991 Imperial Foods Industrial Fire, Hamlet, North Carolina—September 1991</i> Students from 2 schools in the affected community; N=1019	9 months	Self-Reported Post-Traumatic Symptomatology scale; caseness according to DSM-III-R criteria	<i>Prevalence of PTSD</i> : 11.9%; <i>Correlates of PTSD symptoms</i> : exposure to disaster, African-American ethnicity, female gender
(Carlier and Gersons, 1997)**	Survivors	<i>1992 Bijlmermeer Plane Crash, Netherlands—October 4, 1992</i> Adult disaster victims from the most severely damaged apartment blocks and adjacent buildings; N=136	6 months	17-item Structured Interview for PTSD, adapted for DSM-III-R criteria	<i>Prevalence of PTSD</i> : 26%; <i>Correlates of PTSD prevalence</i> : losing a loved one, suffering material damage or lost home, being at home during the incident
(Huizink <i>et al.</i> , 2006)**	Responders	Exposed (n=834) and unexposed police officers (n=634) and exposed (n=334) and unexposed (n=194) firefighters; N=1996	8.5 years	22-item Self-Rating Inventory for PTSD based on DSM-IV criteria (using cutoff of 39)	<i>Prevalence of PTSD</i> : 6.5% among exposed police officers (2.4% among unexposed police officers), 5.4% among exposed firefighters (2.6% among unexposed firefighters)
(Lesaca, 1996)†	Responders	<i>1994 Crash of US Air Flight 427, Pennsylvania—September 8, 1994</i> 21 therapists who provided post-disaster counseling and 20 control therapists; N=41	4, 8, and 12 weeks	Symptom checklist measuring 6 DSM-IV PTSD symptoms	<i>Course</i> : at 4 and 8 weeks, the exposed group reported significantly more PTSD symptoms than the controls; by 12 weeks, only symptoms of avoidance were more common among the exposed
(Grieger <i>et al.</i> , 2000)**	Responders	Exposed disaster workers involved in the body recovery process; N=41	6 months	Caseness required meeting DSM criteria and reporting “high” symptom severity on the Impact of Events Scale	<i>Prevalence of PTSD</i> : 4.9%, <i>Correlates of PTSD prevalence</i> : Acute Stress Disorder in first week after incident
(Eriksson and Lundin, 1996)**	Survivors	<i>1994 m/s Estonia Car Ferry Disaster, Baltic Sea—September 27, 1994</i> Adults survivors of the disaster; N=42	3 months	Post Traumatic Symptom Scale (using cutoff value of 20) and the Impact of Events Scale (using cutoff	<i>Prevalence of PTSD</i> : 64.3% using both instruments; <i>Correlates of PTSD symptoms</i> : loss of a spouse, weaker coping abilities, symptoms of peri-traumatic dissociation

				of 3)	
				<i>1994 N149 Supertanker Explosion—October, 1994</i>	
(Elklit, 1997)**	Survivors	Workers (257 males, 12 females) differentially exposed to the disaster; N=270	6.5 months	Impact of Events scale; caseness required scoring ≥ 19	<i>Prevalence of PTSD: 41%; Correlates of PTSD symptoms: older age, experiencing accidents at the shipyard before the explosion, being in less exposed group, described families' reactions as "impressed", survivor guilt, less social support</i>
				<i>1994 Plane Crash in Coventry, UK—December 21, 1994</i>	
(Chung <i>et al.</i> , 1999)**	Survivors	Directly and indirectly exposed residents; N=82	6 months	15-item Impact of Events Scale	<i>Correlates of PTSD symptoms: being in directly exposed group, not receiving professional help (among directly exposed), worrying about safety (among directly exposed), present feelings when heard planes flying over (among indirectly exposed)</i>
				<i>1996 Train Collision Disaster, UK—March 8, 1996</i>	
(Chung <i>et al.</i> , 2000)**	Survivors	Adults residents of the surrounding community present during incident; N=49	7 months	Impact of Events Scale	<i>Prevalence of high PTSD symptom severity: 57%; Correlates of PTSD symptoms: awake watching TV, having refreshments, writing or entertaining friends at time of incident; heard train approaching, heard very loud "bang", or feeling vibration at time of impact; shocked and terrified feelings directly after incident; feeling anxious or worried, nervous when a train passed, angry about what happened at interview</i>
(Chung <i>et al.</i> , 2003)**	Survivors	Adult residents from households 30 to 100 feet from the crash; N=66	7 months	Impact of Events Scale	<i>Prevalence of high PTSD symptom severity: 51%; Correlates of intrusion and avoidance symptoms: neuroticism</i>
				<i>1996 TWA Flight 800 Crash, New York—July 17, 1996</i>	
(Leffler and Dembert, 1998)**	Responders	Exposed Navy divers (n=66) who participated in recovery and unexposed divers (n=59); N=125	3-6 months	Impact of Events Scale	<i>Prevalence of PTSD symptoms: there were no significant differences between PTSD symptom scores when comparing exposed and unexposed divers</i>
				<i>1996 Ground Slump Industrial Disaster, Briey Region, France—October 14 and November 18, 1996</i>	
(Vila <i>et al.</i> , 2001)**	Survivors	Exposed, indirectly exposed, and unexposed children; N=127	6-7 months	Impact of Events Scale; caseness determined using cutoff score of 42	<i>Correlates of PTSD symptoms: being in exposed group (vs. indirectly or unexposed group), lower socioeconomic status, younger age, higher levels of parental distress</i>
				<i>1998 Swissair Flight 111 Airline Crash, Canada—September 2, 1998</i>	
(Stewart <i>et al.</i> , 2004)**	Responders	Recovery and instrumental volunteer responders; N=13	3 years	Modified PTSD Symptom Scale, based on DSM-IV criteria	<i>Prevalence of current PTSD at 4 months: 46%; Correlates of PTSD prevalence: exposure to human remains; Correlates of greater PTSD severity: use of alcohol to cope, use of alcohol to forget</i>
(Mitchell <i>et al.</i> , 2004)**	Responders	Volunteer disaster workers; N=13	3 years	Modified PTSD Symptom Scale, based on DSM-IV criteria	<i>Correlates of PTSD prevalence: exposure to human remains, more time performing recovery, behavioral disengagement coping, restraint coping, alcohol-drug disengagement coping, suppression of competing activities coping</i>
				<i>2000 Fireworks Storage Depot Explosion Disaster, Enschede, The Netherlands—May 13, 2000</i>	
(Meewisse <i>et al.</i> , 2005)†	Community	Residents of Dutch origin living in affected region; N=124 at 3-4	2-3 weeks and 3-4	PTSD Self-rating Scale, based on	<i>Correlates of PTSD symptom severity: greater attentional dysfunction</i>

(van der Velden <i>et al.</i> , 2006)†	Community	years Residents of Dutch origin living in affected region who participated in all 3 surveys; N=662	years 2-3 weeks, 18 months, and 4 years	DSM-IV criteria PTSD Self-rating Scale, based on DSM-IV criteria	<i>Correlates of PTSD symptom severity at 18 months:</i> intrusions and avoidance reactions at 2-3 weeks, psychological distress at 2-3 weeks; <i>Correlates of PTSD symptom severity at 4 years:</i> psychological distress at 2-3 weeks; <i>Course:</i> Prevalence of PTSD decreased from 13.4% at 18 months to 9.7% at 4 years
(Bramsen <i>et al.</i> , 2006)†	Mixed	Elderly World War II survivors exposed to the fireworks explosion and a control group of World War II survivors from other cities; N=257	Pre-explosion and 6 weeks post-explosion	22-item Self-Rating Inventory for PTSD based on DSM-IV criteria	<i>Course:</i> mean PTSD symptom score increased between 1998 (before the explosion) and 2000 (after the explosion) in the exposed group, but not in the control group; there was little evidence that increase in symptom scores were related to levels of wartime exposure
(Greve <i>et al.</i> , 2005)**	Community	Adult litigants from exposed community and unexposed controls (n=123 and 62, respectively, after exclusions for unreliable reporting); N=185	30 months	2000 Train Derailment and Toxic Exposure, Eunice, Louisiana—May 25, 2000 Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms:</i> being in exposed group, Minnesota Multiphasic Personality Inventory-2 infrequency score
(Engelhard <i>et al.</i> , 2002)†	Survivors	Residents of adjacent town exposed to the train collision; N=29	1 and 3.5 months	2001 Train Collision Disaster, Belgium—March 27, 2001 Posttraumatic Symptom Scale; PTSD defined according to DSM-IV criteria	<i>Course:</i> prevalence decreased from 28% at 1 month to 24% at 3.5 months
(Godeau <i>et al.</i> , 2005)**	Community	Representative samples of students aged 11, 13, 15, and 17 years from schools in directly exposed (n=577) and indirectly exposed regions (n=900); N=1477	9 months	2001 Chemical Factory Explosion, Toulouse, France—September 21, 2001 Revised Impact of Events Scale (cutoff of 17) for children <15 years and Impact of Events Scale-Revised (cutoff of 33) for children ≥15 years	<i>Prevalence of PTSD:</i> 44.6% among directly exposed 11 and 13 year olds, 28.5% among directly exposed 15 and 17 year olds, 22.1% among indirectly exposed 11 and 13 year olds, 4.4% among indirectly exposed 15 and 17 year olds; <i>Correlates of PTSD prevalence among 11 and 13 years olds:</i> female gender, enrolled in elementary school, injured, severe damage at home; <i>Correlates of PTSD prevalence among 15 and 17 years olds:</i> female gender, 17 years old, injured
(Birmes <i>et al.</i> , 2005)†	Survivors	Survivors admitted to local emergency departments; N=200 at 2 and 6 months	2 and 6 months	PTSD Checklist Scale using cutoff of 50	<i>Prevalence of PTSD prevalence:</i> 43%; <i>Correlates of higher PTSD symptom score:</i> peritraumatic distress, peritraumatic dissociation, acute stress disorder
(Mirzamani <i>et al.</i> , 2006)**	Survivors	Female secondary school students who survived a boat sinking; N=19	18 months	2002 Tehran City Park Boat Sinking, Tehran, Iran—May 4, 2002 PTSD Symptom Scale and structured psychiatric interviews, both based on DSM-IV	<i>Prevalence of PTSD:</i> 84.2% (using Posttraumatic Stress Disorder Symptom Scale), 89.5% (using psychiatric interviews)

criteria					
(Berg <i>et al.</i> , 2005)**	Survivors	2002 Near Sinking of USS Dolphin Navy Research Submarine, Off the California Coastline—May 22, 2002 Adult male crew members forced to abandon ship and subsequently rescued; N=22	7 months	Impact of Events Scale-Revised; caseness based on DSM-IV criteria	<i>Prevalence of PTSD: 9% (2/22); Correlates of higher current PTSD symptom scores: peritraumatic dissociation, initial emotional response, severity of current depressive symptoms</i>

*Timing of assessment(s) after the disaster

** Cross-sectional study design.

‡ OR, odds ratio.

† Prospective cohort study design.

§ Serial cross-sectional study design.

Table 3. Key studies assessing post-traumatic stress after natural disasters

Study (1 st named author)	Sample type	Sample; N	Timeframe*	PTSD measure	Main findings
<i>1963 Vajont Landslide and Tidal Wave Flood Disaster, Northeast Italy—October 9, 1963</i>					
(Favaro <i>et al.</i> , 2004)**	Community	Survivors still living in the disaster area 36 years later; N=39	36 years	Structured Clinical Interview for DSM-IV	<i>Prevalence of PTSD: 26% lifetime, 21% current; Correlates of lifetime PTSD prevalence: direct exposure to the tidal wave (greater exposure); Course: among the 10 persons with lifetime PTSD, 8 displayed a current diagnosis at 36 years</i>
<i>1983 Australian Bushfire, Southeastern Australia—February 16, 1983</i>					
(McFarlane, 1987)†	Community	Students from 6 primary schools in highly exposed region; N=808 at 2 months	2, 8, and 26 months	Parent and teacher symptom scales	<i>Correlates of PTSD symptoms at 26 months: greater exposure, family separation at 2 months, loss of income, maternal fears of future fires, maternal intrusive thoughts, life events during follow-up; Course: symptom levels did not decrease significantly between 8 and 26 months</i>
(McFarlane, 1989)†	Responders	Firefighters highly exposed to the bushfire; N=469 at 4 months, 395 at 11 months, 337 at 29 months	4, 11, and 29 months	12-item General Health Questionnaire; a half cutoff was used to determine caseness	<i>Correlates of PTSD prevalence at 4 months: property loss, neuroticism, history of psychological disorder, life events before the fire; Correlates of PTSD prevalence at 11 months: property loss, panic during fire, neuroticism; Correlates of PTSD prevalence at 29 months: neuroticism, history of psychological disorder, life events between 11 and 29 months; Course: 32% prevalence at 4 months, 27% at 11 months, 30% at 29 months</i>
(McFarlane, 1988a)†	Responders	Community sample of firefighters exposed to the bushfire; N=314	4, 11, and 29 months	12-item General Health Questionnaire; a half cutoff was used to determine caseness	<i>Prevalence of PTSD anytime during follow-up: 50.2%; Prevalence of acute PTSD: 9.2%; Prevalence of chronic PTSD: 21% (10.2% persistent chronic, 5.7% resolved chronic); Prevalence of delayed-onset PTSD: 19.7%; Correlates of acute PTSD: avoid thinking about problems; Correlates of persistent chronic PTSD: adverse life events before fire, avoid thinking about problems, psychological history, adversity since fire, distress from television reminders of fire, life events between 11 and 29 months; Correlates of resolved chronic PTSD: avoid thinking about problems, psychological history; Correlates of delayed-onset PTSD: distress from television reminders of fire, avoid thinking about problems</i>
(McFarlane and Papay, 1992)†	Responders	Exposed firefighters at risk (n=112) and not at risk (n=35) for PTSD; N=147	4, 11, 29, and 42 months	Diagnostic Interview Schedule, based on DSM-III criteria	<i>Prevalence of PTSD at 42 months: 34.0% considered definite cases, 13.6% considered borderline cases; Correlates of PTSD: property loss, greater exposure; Correlates of chronic PTSD (PTSD not resolved at 42 months): panic disorder after incident, phobic disorder after incident</i>
(Spurrell and McFarlane, 1993)†	Responders	Exposed firefighters at risk (n=112) and not at risk (n=35) for PTSD; N=147	4, 11, 29, and 42 months	Diagnostic Interview Schedule, based on DSM-III criteria	<i>Correlates of PTSD prevalence: use of problem focused coping, use of wishful thinking coping; Correlates of chronic PTSD and delayed onset PTSD (vs. no PTSD): use of wishful thinking coping, use of keeping to self coping</i>
(McFarlane, 1988b)†	Responders	Firefighters at risk for PTSD based on exposure, General Health Questionnaire scores, and Impact of Events Scale; N=50	4, 8, 11, 29, and 42 months	General Health Questionnaire, Impact of Events Scale, structured interviews, and the Diagnostic	<i>Correlate of chronic PTSD at 42 months (vs. recovered cases): difficulty concentrating; Course: 8 of 15 cases of definite or borderline PTSD at 8 months were still symptomatic at 42 months</i>

				Interview	
(Madakasira and O'Brien, 1987)**	Community	Adults survivors from areas damaged by the tornadoes; N=116	5 months	Modified version of the Hopkins Symptom Checklist; caseness required meeting DSM-III criteria	Prevalence of acute PTSD: 59%; Correlates of PTSD prevalence: depression and somatization
					<i>1984 Tornadoes, Northeastern North Carolina—March 28, 1984</i>
(De La Fuente, 1990)**	Community	Adult survivors from 75 shelters in the Mexico City area; N=573	Within 10 weeks	A questionnaire based on DSM-III criteria for PTSD	Prevalence of PTSD: 32%
					<i>1985 Earthquake, Mexico City, Mexico—September 19, 1985</i>
(Canino et al., 1990)**	Community	Adults from disaster exposed and unexposed communities; N=912	2 years	Diagnostic Interview Schedule/Disaster Supplement	Prevalence of PTSD: 3.7% among the exposed compared to 0.7% among the unexposed
(Bravo et al., 1990)**	Community	Adults from disaster exposed and unexposed communities; N=912	2 years	Diagnostic Interview Schedule/Disaster Supplement	Correlates of lifetime PTSD symptoms: pre-disaster levels of lifetime PTSD symptoms, degree of disaster exposure
					<i>1985 Flooding and Mud Slides, Puerto Rico—October 1985</i>
(Eustace et al., 1999)**	Community	Adult survivors who were evacuated and/or applied for financial assistance; N=118	5 years	Civilian Mississippi Scale; caseness determined using a cutoff score of 96	Prevalence of PTSD: 12%; Correlates of PTSD prevalence: psychological distress as the time of the cyclone, current psychological distress, previous traumatic events, dissatisfaction with post-disaster assistance, dissatisfaction with post-disaster social support
					<i>1988 Cyclone Bola, New Zealand—March 1988</i>
(Cao et al., 2003)**	Community	Adults from 3 differentially damaged localities (substantial, moderate, and light damage); N=1295	5 months	Diagnostic Interview Schedule, updated to reflect DSM-III-R criteria	Prevalence of PTSD among those meeting GHQ caseness: 23.4% in substantially damaged locality, 13.1% in moderately damaged, 16.3% in the lightly damaged; Estimated disaster-related PTSD in entire sample: 13.5% in substantially damaged locality, 6.2% in moderately damaged, 7.1% in the lightly damaged
					<i>1988 Yun Nan Earthquake, Yun Nan Province, China—November 6, 1988</i>
(Goenjian et al., 1994)**	Community	Elderly adults and non-elderly adults from 3 Armenian cities (2 highly exposed, 1 mildly exposed); N=179	1.5 years	PTSD Reaction Index	Prevalence of severe to very severe PTSD symptomatology: 49.7%; Correlates of PTSD symptoms: greater exposure, loss of a family member
(Goenjian et al., 1995)**	Community	Children from 8 schools in 3 Armenian cities (severely exposed, moderately exposed, and mildly exposed); N=218	1.5 years	PTSD Reaction Index	Prevalence of severe to very severe PTSD symptomatology: 95% in severely exposed city, 71% in moderately exposed city, 26% in mildly exposed city; Correlates of PTSD symptoms: greater exposure, loss of family member, separation anxiety, female gender
(Goenjian et al., 2005)†	Community	Untreated children from a severely exposed city (n=32), treated (n=36) and untreated (n=27)	1.5 and 5 years	Child PTSD Reaction Index	Correlates of higher PTSD symptom scores: being in severely exposed group (at 1.5 and 5 years), female gender (at 1.5 and 5 years), being in untreated group (among children from moderately exposed city at 5 years)

children from a moderately exposed city, and untreated children (n=30) from a mildly exposed city; N=125

(Armenian <i>et al.</i> , 2000)**	Community	Adult employees of the Ministry of Health living in the earthquake region; N=1785	2 years	Questionnaire based on DSM-III-R criteria adapted from the Diagnostic Interview Schedule/Disaster Supplement	<i>Prevalence of PTSD: 49.6%; Correlates of PTSD prevalence: protective factors included more education (OR_‡ = 0.6), male gender (OR = 0.6), being accompanied during the earthquake (OR = 0.6), making new friends after the earthquake (OR = 0.6); risk factors included greater exposure (OR = 7.0), financial loss (OR = 2.5), death in the family (OR = 2.6)</i>
(Najarian <i>et al.</i> , 1996)**	Community	Exposed children who immediately relocated (n=24), exposed children who remained (n=25), and unexposed controls (n=25); N=74	2.5 years	Diagnostic Interview for Children and Adolescents-Revised, based on DSM-III-R criteria	<i>Prevalence of PTSD: 32% in exposed group who remained, 28% in exposed group who relocated, 4% in unexposed group</i>
(Najarian <i>et al.</i> , 2001)**	Community	Exposed mothers who immediately relocated (n=24), exposed mothers who remained (n=25), and unexposed controls (n=25); N=74	2.5 years	17 items that asked about each of the 17 DSM-III-R PTSD symptoms	<i>Prevalence of PTSD: 92% in exposed group who remained, 89% in exposed group who relocated, 12% in comparison group</i>
<i>1989 Hurricane Hugo, South Carolina—September 10-25, 1989</i>					
(Kaiser <i>et al.</i> , 1996)**	Community	Exposed undergraduate psychology students; N=193	1 month	Caseness required meeting DSM-III-R criteria	<i>Prevalence of PTSD: 15%; Correlates of PTSD symptoms: resource loss, depression</i>
(Lonigan <i>et al.</i> , 1994)**	Community	Exposed preadolescent, early adolescent, and late adolescent children; N=5687	3 months	Reaction Index; caseness required meeting DSM-III-R criteria	<i>Correlates of PTSD prevalence: trait anxiety, degree of home damage reported, greater reported hurricane severity, being in an unfamiliar location during hurricane, continued displacement, parental job loss due to hurricane, feeling sad, anxious, worried, scared, alone, or angry during the hurricane</i>
(Shannon <i>et al.</i> , 1994)**	Community	Exposed students from Berkeley County, South Carolina middle and high schools; N=5687	3 months	Self-report version of the Reaction Index for Children; caseness required meeting DSM-III-R criteria	<i>Prevalence of PTSD: 5.42%; Correlates of PTSD prevalence: female gender, younger age (pre-adolescent), decrease in school performance</i>
(Garrison <i>et al.</i> , 1993)**	Community	Exposed students from 3 high schools in South Carolina; N=1264	1 year	16-item symptom scale based on DSM-III-R criteria	<i>Prevalence of PTSD: 4.0% (1.5% among Black males, 4.7% among Black females, 3.8% among White males, 6.2% among White females); Correlates of PTSD prevalence: greater exposure (OR = 1.26), violent traumatic events in year after incident (OR = 2.62), White ethnicity (OR = 2.03), female gender (OR = 2.17)</i>
(Thompson <i>et al.</i> ,	Community	Exposed and unexposed adults	12, 18, and	5-item scale asking	<i>Correlates of PTSD symptoms at 12 months: injury, life threat, financial loss,</i>

1993)†		from South Carolina, North Carolina, and Georgia; N=831	24 months	about the occurrence of stress symptoms (e.g., easily startled, numb emotions)	personal loss, scope of impact; <i>Correlates of PTSD symptoms at 18 months:</i> injury, life threat, personal loss, scope of impact; <i>Correlates of PTSD symptoms at 24 months:</i> injury, life threat, financial loss, scope of impact
<i>1989 Loma Prieta Earthquake, San Francisco Bay Area, California—October 17, 1989</i>					
(Nolen-Hoeksema and Morrow, 1991)†	Community	Stanford University undergraduates; N=250 at 14 days pre-disaster, 137 at 10 days post-disaster, 41 at 7 weeks	14 days pre-disaster; 10 days and 7 weeks post-disaster	Items from the Interview to Diagnose Depression consistent with DSM-III-R criteria for PTSD	<i>Correlates of PTSD symptoms at 10 days:</i> pre-disaster PTSD symptoms, perceived stressors, ruminative responses; <i>Correlates of PTSD symptoms at 7 weeks:</i> pre-disaster PTSD symptoms, ruminative responses; <i>Course:</i> PTSD symptoms increased significantly from 14 days pre-disaster to 10 days post-disaster; symptoms did not decrease significantly between 10 days and 7 weeks post-disaster
(Bradburn, 1991)**	Community	Exposed children from 3 Bay Area communities; N=22	6-8 months	Posttraumatic Stress Reaction Index for Children	<i>Prevalence of PTSD severity:</i> 27% reported moderate levels of PTSD symptoms and 36% reported mild levels of PTSD symptoms; <i>Correlates of PTSD symptoms:</i> proximity to highly damaged area (section of collapsed highway)
(Marmar <i>et al.</i> , 1999)†	Responders	Exposed emergency services personnel who responded to the I-880 Freeway collapse and unexposed rescue workers and civilians; N=322	1.5 and 3.5 years	Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms at 3.5 years:</i> greater peri-traumatic dissociation
<i>1989 Newcastle Earthquake, Newcastle, Australia—December 28, 1989</i>					
(Carr <i>et al.</i> , 1995)**	Community	Random sample of adult Newcastle residents; N=3007	6 months	Impact of Events Scale	<i>Prevalence of PTSD among those exposed to high levels of threat:</i> 18.3%; <i>Correlates of PTSD symptoms:</i> female gender, older age, threat experiences, disruption experiences, avoidance coping
(Ticehurst <i>et al.</i> , 1996)**	Community	Random sample of elderly and non-elderly Newcastle adults; N=3007	6 months	Impact of Events Scale	<i>Correlates of PTSD symptoms:</i> female gender, being in elderly group, greater exposure; <i>Correlates of PTSD symptoms among the elderly:</i> female gender, threat and disruption experiences due to the earthquake, use of support services, behavioral and avoidance coping
(Webster <i>et al.</i> , 1995)**	Community	250 adult immigrants from non-English speaking backgrounds and 250 Australian-born matched controls; N=500	6 months	Impact of Events Scale	<i>Correlates of PTSD symptoms:</i> less education, female gender, being in immigrant group, greater exposure to earthquake, avoidance coping, interaction between female gender and immigrant status, interaction between female gender and older age at time of immigration
(Carr <i>et al.</i> , 1997b)†	Community	Random sample of adult Newcastle residents (n=539) with oversample of highly exposed (n=306); N=845	27, 50, 86, and 144 weeks	Impact of Events Scale; cut-off score of 25 identified those with a high likelihood of PTSD	<i>Course:</i> between 6 months and 2 years PTSD prevalence decreased from 11% to 3% in the low exposure group, from 19% to 8% in the group experiencing disruption, from 23% to 13% in the group experiencing threat, and from 40% to 19% in the group experiencing both disruption and threat; <i>Correlates of PTSD scores:</i> older age, life events 6 months before incident, being injured, greater initial exposure, life events since incident, ongoing disruptions since incident
(Carr <i>et al.</i> , 1997a)†	Community	Random sample of adult Newcastle residents (n=539) with oversample of highly exposed (n=306); N=845	27, 50, 86, and 144 weeks	Impact of Events Scale	<i>Correlates of PTSD symptoms:</i> older age, neuroticism, greater initial exposure, avoidance coping, ongoing disruptions since incident

(Lewin <i>et al.</i> , 1998)†	Community	Survivors with high levels of threat or disruption exposure; N=515	27, 50, 86, and 144 weeks	Impact of Events Scale; cut-off score of 25 identified those with a high likelihood of PTSD	<i>Prevalence of PTSD</i> : 18.8% acute PTSD, 14.4% persistent PTSD; <i>Correlates of acute PTSD</i> : emotional problems in 6 months pre-disaster, life events in months 6 pre-disaster, threat earthquake exposure, neuroticism, avoidance coping, life events and ongoing disruptions since the earthquake; <i>Correlates of persistent PTSD</i> : older age, female gender, less education, emotional problems in 6 months pre-disaster, life events in 6 months pre-disaster, threat earthquake exposure, neuroticism, active and avoidance coping, life events and ongoing disruptions since the earthquake
					<i>1990 Wildfire, Southern California—June 27, 1990</i>
(Jones <i>et al.</i> , 1994)**	Community	Exposed children and adolescents (n=23) from homes damaged or destroyed and unexposed children (n=10); N=33	6 weeks	Diagnostic Interview for Children and Adolescents-Revised	<i>Correlates of PTSD symptoms</i> : exposed children and adolescents met significantly more PTSD symptom criteria than controls
(Jones <i>et al.</i> , 2002)**	Community	Children from families that experienced severe or low loss; N=22	6 weeks	Diagnostic Interview for Children and Adolescents	<i>Prevalence of PTSD</i> : 2 of 13 children who experienced severe levels of loss had PTSD; <i>Correlates of PTSD symptoms</i> : resource loss, number of PTSD symptoms reported by parent
					<i>1991 Mount Pinatubo Volcanic Disaster, Philippines—June 12, 1991</i>
(Howard <i>et al.</i> , 1999)**	Community	Displaced tribal and non-tribal adult survivors from 3 resettlement sites; N=351	6 years	17-item PTSD Checklist; caseness required meeting DSM-IV criteria for PTSD	<i>Prevalence of PTSD</i> : 27.6%
					<i>1991 Oakland/Berkeley Firestorm—October 20, 1991</i>
(Koopman <i>et al.</i> , 1994)†	Community	Direct survivors, college students forced to evacuate, and graduate students not forced to evacuate; N=154 at 7-9 months	1 month and 7-9 months	Civilian Version of the Mississippi Scale for Combat-Related PTSD and the Impact of Events Scale	<i>Correlates of PTSD symptoms (Mississippi Scale)</i> : dissociative symptoms, recent life stress, symptoms of loss of personal autonomy; <i>Correlates of PTSD symptoms (Impact of Events Scale)</i> : dissociative symptoms, recent life events, symptoms of loss of personal autonomy, contact with the fire, previous life events
					<i>1992 Hurricane Andrew, August 16-28, 1992</i>
(La Greca <i>et al.</i> , 1998)†	Community	Exposed children from an elementary school in southern Dade county, Florida; N=92	15 months pre-disaster; 3 and 7 months post-disaster	Posttraumatic Stress Disorder-Reaction Index for Children	<i>Correlates of PTSD symptoms at 3 months</i> : greater exposure, anxiety 15 months pre-disaster, greater student inattentiveness 15 months pre-disaster, worse academic skills 15 months pre-disaster; <i>Correlates of PTSD symptoms at 7 months</i> : greater exposure, African American ethnicity, anxiety 15 months pre-disaster; <i>Correlates of persistent PTSD symptoms</i> : African American ethnicity, anxiety 15 months pre-disaster; <i>Course of severe to very severe PTSD</i> : prevalence decreased from 13% at 3 months to 3% at 7 months
(Pickens <i>et al.</i> , 1995)**	Community	Exposed college psychology students; N=220	1 month	Reaction Index	<i>Correlates of PTSD symptoms</i> : being in more highly impacted group, depression
(Ironson <i>et al.</i> , 1997)**	Community	Volunteer subjects from communities damaged by the hurricane; N=180	1-4 months	PTSD in past week assessed using DSM-III-R	<i>Prevalence of PTSD</i> : 33%; <i>Correlates of PTSD prevalence</i> : hurricane damage, perceived loss, greater injury, perceived life threat

(Vernberg <i>et al.</i> , 1996)**	Community	Children from 3 elementary schools severely affected by the hurricane; N=568	3 months	criteria Posttraumatic Stress Disorder Reaction Index for Children, based on DSM-III-R criteria	<i>Prevalence of severe to very severe PTSD symptomatology: 30%; Correlates of PTSD symptoms: perceived life threat, number of life threatening experiences, loss-disruption experiences, female gender, less social support from teachers, less social support from classmates, blame and anger coping, social withdrawal, positive coping</i>
(La Greca <i>et al.</i> , 1996)†	Community	Children in grades from 3 elementary schools in southern Dade county Florida exposed to the hurricane; N=442	3, 7, and 10 months	Posttraumatic Stress Disorder Reaction Index for Children, based on DSM-III-R criteria	<i>Correlates of PTSD symptoms at 10 months: perceived life threat, life threatening experiences, loss/disruption events in 10 months post-disaster, African American ethnicity, Hispanic ethnicity, less social support from teacher, blame and anger coping; Correlates of persistent PTSD symptoms: loss and disruption post-disaster, African American ethnicity, Hispanic ethnicity, intervening life events, low levels of parental social support; Correlates of persistent PTSD symptoms between 3 and 10 months: Course: prevalence decreased from 39.1% at 3 months to 24.0% at 7 months to 18.1% at 10 months</i>
(Garrison <i>et al.</i> , 1995)**	Community	Exposed adolescent residents from Dade County, Florida; N=400	6 months	Diagnostic Interview Schedule, based on DSM-III-R criteria	<i>Prevalence of PTSD: 9.2% among females, 2.9% among males; Correlates of PTSD prevalence: older age (OR = 1.41), undesirable life events after the incident (OR = 1.38)</i>
(Perilla <i>et al.</i> , 2002)**	Community	Exposed residents (134 Latino, 135 Black, 135 White) from 5 neighborhoods in Dade county, Florida; N=404	6 months	30-item Revised Civilian Mississippi Scale; caseness required meeting DSM-IV criteria for PTSD	<i>Prevalence of PTSD: 24% in total sample (38% among Spanish-preferring Latinos, 23% among African Americans, 19% among English-preferring Latinos, 15% among Whites); ethnic differences in PTSD prevalence remained in the highly traumatized groups after controlling for levels of personal and neighborhood trauma</i>
(David <i>et al.</i> , 1996)**	Community	Residents from areas most severely affected; N=61	6-12 months	Structured Clinical Interview for DSM-III-R	<i>Prevalence of new-onset PTSD: 36%; Correlates of PTSD prevalence: severe damage to home</i>
(Burnett <i>et al.</i> , 1997)†	Community	Adult survivors involved in rebuilding; N=96	1-4 and 9-12 months	17 questions that asked about the frequency of DSM-III-R PTSD symptoms	<i>Correlates of PTSD symptoms at 9 months: intensity of disruption over past month of repair phase</i>
(Shaw <i>et al.</i> , 1995)†	Community	Highly exposed students from an elementary school in the hurricane pathway and mildly exposed controls; N=106 at 8 weeks	8 weeks for total sample; 32 weeks for highly exposed	Posttraumatic Stress Disorder Reaction Index, based on DSM-III-R criteria	<i>Prevalence of severe to very severe PTSD symptomatology at 8 weeks: 56.4% among highly exposed compared to 38.6% among mildly exposed; Course: prevalence of severe to very severe PTSD symptomatology among the highly exposed decreased from 55.3% at 8 weeks to 38.3% 32 weeks</i>
(Shaw <i>et al.</i> , 1996)†	Community	Exposed elementary school students; N=30	2, 8, and 21 months	Posttraumatic Stress Disorder Reaction Index, based on DSM-	<i>Course: Between 2 and 8 months, PTSD symptoms improved in 30% of the sample, showed no change in 53%, and worsened in 17%; between 2 months and 21 months after the incident, 46.7% improved, 46.7% showed no change, and 6.6% worsened</i>

(Norris <i>et al.</i> , 1999)†	Community	Exposed residents of Dade County, Florida; N=404 at 6 months, 241 at 28-30 months	6 and 28-30 months	III-R criteria 30-item Revised Civilian Mississippi Scale; caseness required meeting DSM-IV criteria for PTSD	<i>Correlates of avoidance symptoms at 6 months:</i> minority status, life events post-disaster, less self-esteem, less perceived control; <i>Correlates of avoidance symptoms at 28-30 months:</i> avoidance scores at 6 months, female gender, past year trauma, acculturative stress, less self-esteem, less social embeddedness; <i>Correlates of intrusion symptoms at 6 months:</i> female gender, minority status, Latino ethnicity, younger age, being married, threat to life, life events post-disaster; <i>Correlates of intrusion symptoms at 28-30 months:</i> intrusion scores at 6 months, less self-esteem, life-events post-disaster; <i>Correlates of arousal symptoms at 6 months:</i> female gender, African American ethnicity, property damage, life events post-disaster; <i>Correlates of arousal symptoms at 28-30 months:</i> arousal scores at 6 months, injury, life events post-disaster, less self-esteem; <i>Course:</i> PTSD prevalence increased from 25.7% at 6 months to 28.6% at 28-30 months; symptoms of intrusion and arousal declined significantly over follow-up, but symptoms of avoidance increased
(Staab <i>et al.</i> , 1996)**	Community	Population survey of US military personnel and spouses exposed to all 5 typhoons; N=320	8 months after 1 st typhoon	Validated symptom scale and the Impact of Events Scale; caseness required meeting DSM-IV criteria and scoring >19 on the IES	<i>1992 Typhoons in US Pacific, Guam—August 28, 1992–November 1992</i> <i>Prevalence of PTSD:</i> 5.9%; <i>Correlates of PTSD prevalence:</i> diagnosis of Acute Stress Disorder at 1 week after first typhoon
(Morgan <i>et al.</i> , 1995)**	Community	Exposed adults residents who suffered material loss in the flood; N=44	Not reported	Questionnaire asking about the frequency of DSM-III-R PTSD symptoms	<i>1993 Floods, Perth, Scotland—January 17, 1993</i> <i>Prevalence of PTSD:</i> 25%; <i>Correlates of PTSD symptoms:</i> emotion-focused coping, thought suppression coping
(Tobin and Ollenburger, 1996)**	Community	Exposed adults from Des Moines and West Des Moines; N=106	4 months	6 modified questions from the University of Michigan version of the Composite International Diagnostic Interview	<i>1993 Great Midwest Floods—1993</i> <i>Correlates of PTSD symptoms:</i> more anxiety after the flood, temporary or permanent loss of employment because of the flood, renting property, lower likelihood of identifying positive outcomes
(McMillen <i>et al.</i> , 2002)**	Community	Exposed St. Louis area residents; N=162	2-7 months	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III-R criteria	<i>Prevalence of flood-related PTSD:</i> 22%; <i>Correlates of PTSD prevalence:</i> prior psychiatric history, non-PTSD post-disaster disorder

		<i>1993 Marathwada Earthquake, Western India—September 30, 1993</i>			
(Sharan <i>et al.</i> , 1996)**	Community	Adults from 23 households within 15 km of the epicenter; N=56	1 month	PTSD diagnosis according to DSM-III-R criteria	<i>Prevalence of PTSD: 23%</i>
		<i>1994 Northridge Earthquake, Los Angeles Area—January 17, 1994</i>			
(McMillen <i>et al.</i> , 2000)**	Community	Survivors from the area of greatest property damage; N=130	3 months	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III criteria	<i>Prevalence of PTSD: 13%; Correlates of PTSD prevalence: history of psychiatric disorder (OR = 5.30), female gender (OR = 6.49), post-disaster non-PTSD psychiatric disorder (OR = 6.24)</i>
(Asarnow <i>et al.</i> , 1999)**	Mixed	Children from a family-genetic study diagnosed with a preexisting psychopathology; N=63	1 year	Children's Posttraumatic Stress Disorder Reaction Index	<i>Correlates of PTSD symptoms: preexisting anxiety disorder, use of cognitive coping, current general anxiety, current depression, social adjustment problems with friends</i>
		<i>1994 Avalanche, Norway—March 3, 1994</i>			
(Johnsen <i>et al.</i> , 1997)†	Mixed	Norwegian soldiers buried by the avalanche, involved in the rescue effort, or unexposed; N=133 at 2 weeks, 94 at 4 months	2 weeks and 4 months	Impact of Events Scale and the Posttraumatic Stress Scale-10; caseness required a PTSS-10 score ≥ 5	<i>Correlates of PTSD symptoms at 2 weeks: being buried, involvement in rescue, lower coping scores; Course: prevalence of PTSD in the total sample decreased from 6% at 2 weeks to 3% at 4 months (prevalence increased from 9% to 12% among those buried, decreased from 10% to 0% among rescuers, and decreased from 4% to 2% among the unexposed)</i>
		<i>1995 Hanshin-Awaji Earthquake, Japan—January 17, 1995</i>			
(Kato <i>et al.</i> , 1996)§	Community	Elderly adults and non-elderly adults from a Shelter in Kobe; N=142 at 3 weeks, 123 at 8 weeks	3 and 8 weeks	10 items from the Posttraumatic Symptoms Scale	<i>Course: between 3 and 8 weeks, the average number of symptoms experienced did not decrease significantly among non-elderly adults, but did decrease significantly among elderly adults</i>
(Kwon <i>et al.</i> , 2001)**	Community	Adult employees of 5 manufacturing companies in the exposed area; N=380	13-15 months	17-item questionnaire based on DSM-IV criteria	<i>Correlates of PTSD symptoms: poor perceived physical health, earthquake-related life events, no emotional support network (males only), older age (males only), being unmarried (males only)</i>
(Inoue-Sakurai <i>et al.</i> , 2000)**	Community	Male workers employed by companies located in the exposed area; N=155	14-18 months	19-item questionnaire based on DSM criteria; caseness required scoring ≥ 9	<i>Prevalence of PTSD: 9.0%; Correlates of PTSD symptoms: living in areas of higher seismic intensity</i>
(Fukuda <i>et al.</i> , 1999)**	Community	Random selection of male residents of the town closest to the epicenter; N=108	20 months	19-item questionnaire based on DSM-IV criteria for PTSD	<i>Correlates of PTSD symptoms: reporting worse lifestyle/health practices after the earthquake</i>
		<i>1995 Hurricane Opal, Florida—October 4, 1995</i>			
(Benight <i>et al.</i> , 1999)**	Community	Exposed adult residents; N=67	4-5 months	Impact of Events	<i>Correlates of PTSD symptoms: coping self efficacy; coping self efficacy mediated the relation between loss of resources and PTSD symptoms</i>
		<i>1995 Avalanche Disaster, Flateyri, Iceland—October 26, 1995</i>			
(Finnsdottir and Elklit, 2002)**	Community	Adult survivors from the affected town (n=104) and controls	10 weeks	Impact of Events Scale, using	<i>Prevalence of PTSD (based on Impact of Events Scale): 78% in affected town, 35% in control town; Correlates of higher PTSD symptom score (based on</i>

		from an unaffected town (n=87); N=191		cutoff of 19, and the Posttraumatic Symptom Scale	<i>Posttraumatic Symptom Scale</i>): Cohabitation/marriage, fewer years of education, number of life events
		<i>1998-1999 Floods, Hunan Province, China—1998-1999</i>			
(Liu <i>et al.</i> , 2006)**	Community	Representative sample of residents aged 7 years and over from the exposed area; N=33340	Within 2.5 years	17-item questionnaire based on DSM-IV criteria	<i>Prevalence of PTSD</i> : 8.6%; <i>Correlates of PTSD prevalence</i> : female gender, being older than 18 years, flood type (collapsed embankment or flash flood vs. soaked flood), greater flood severity
		<i>1998 Zhangbei-Shangyi Earthquake, North Hebei Province, China—January 10, 1998</i>			
(Wang <i>et al.</i> , 2000)†	Community	Adults from a highly exposed and a moderately exposed village; N=181 at 3 months, 157 at 9 months	3 and 9 months	DSM-IV diagnoses made using an instrument based on the Composite International Diagnostic Interview PTSD module	<i>Prevalence of current PTSD at 3 months</i> : 14.4% (22.7% among moderately exposed compared to 8.5% among highly exposed); <i>Prevalence of current PTSD at 9 months</i> : 17.8% (22.7% among moderately exposed compared to 14.3% among highly exposed); <i>Course</i> : prevalence increased between 3 and 9 months
		<i>1998 Sarno Landslide, Southern Italy—May 5, 1998</i>			
(Catapano <i>et al.</i> , 2001)**	Community	Exposed adults (n=272) from the most severely affected area and unexposed controls (n=72); N=344	1 year	Self-Rating Scale for PTSD, derived from Structured Interview for PTSD; caseness required meeting DSM-IV criteria	<i>Prevalence of PTSD</i> : 27.6% among exposed compared to 1.4% among unexposed; <i>Correlates of PTSD prevalence</i> : physical injury, injuries suffered by family members, family problems, leaving the house in the past 3 months, depressive symptoms, anxiety symptoms
		<i>1998 Hurricane Mitch, Central America—October 25, 1998</i>			
(Tamashiro <i>et al.</i> , 2005)**	Community	Adults age 15 and older from areas of diverse social class and hurricane exposure in Tegucigalpa, Honduras; N=800	2 months	Spanish version 2.1 of the Composite International Diagnostic Interview Schedule, based on DSM-IV criteria	<i>Prevalence of current PTSD</i> : 10.6% (7.9% among those from less exposed neighborhoods, 13.4% among those from more exposed neighborhoods); <i>Correlates of current PTSD prevalence</i> : demoralization, greater hurricane exposure
(Kohn <i>et al.</i> , 2005)**	Community	Young-age, mid-age, and elderly adults from areas of diverse social class and hurricane exposure in Tegucigalpa, Honduras; N=800	2 months	Spanish version 2.1 of the Composite International Diagnostic Interview Schedule, based on DSM-IV criteria	<i>Prevalence of current PTSD</i> : 8.9% among young-age, 11.6% among mid-age, and 13.6% among elderly; <i>Correlates of current PTSD prevalence among elderly</i> : pre-hurricane psychological problems, intensity of exposure
(Goenjian <i>et al.</i> , 2001)**	Community	Adolescents from 3 public schools in 3 differentially exposed cities of Nicaragua; N=156	6 months	Child PTSD Reaction Index; caseness required scoring ≥ 40	<i>Prevalence of PTSD</i> : 90% in the most devastated city and 14% in the least devastated city; <i>Correlates of PTSD symptoms</i> : being in more devastated city, objective hurricane related experiences, subjective hurricane related experiences, current thoughts of revenge

(Caldera <i>et al.</i> , 2001)†	Community	Consecutive exposed adult patients from 4 primary health centers in Nicaragua; N=496	6 and 12 months	Harvard Trauma Questionnaire; caseness defined using a cutoff of 50/51	<i>Prevalence of PTSD at 6 months: 5.9%; Correlates of PTSD symptoms: death or injury of relative, destruction of house, female gender, previous mental health problems, illiteracy, never married; Course: 12 of 23 (52%) PTSD cases identified at 6 months and followed-up at 12 months still had PTSD</i>
(Karamustafalioglu <i>et al.</i> , 2006)†	Community	Random sample of adults from severely affected area; N=464	1-3, 6-10, and 18-20 months	17-item PTSD self-test, based on DSM-IV criteria	<i>1999 Turkey Earthquakes, Marmara region, Turkey—August 17, 1999 and November 12, 1999</i> <i>Correlates of PTSD prevalence: female gender (at 1-3 months, but not 6-10 or 18-20 months), less education, harm to close acquaintance, longer evacuation from home, participating in rescue missions; Prevalence of spontaneous remission: within the 20-month period, 55.2% of female PTSD cases ceased to meet diagnostic criteria for PTSD, relative to 40.4% of male PTSD cases; Course: PTSD prevalence was 30.2% at 1-3 months, 26.9% at 6-10 months, and 10.6% at 18-20 months</i>
(Laor <i>et al.</i> , 2002)**	Community	Exposed school-aged children (n=202) displaced to a prefabricated village and unexposed children (n=101); N=303	4-5 months	Child Version of the Posttraumatic Stress Reaction Index	<i>Correlates of PTSD symptoms: being in exposed group, lack of sleep in days after earthquake, prior traumatic experiences, personal losses, traumatic dissociation and grief</i>
(Basoglu <i>et al.</i> , 2002)**	Community	Adult survivors from 3 tent cities and 2 prefabricated housing sites in the disaster region; N=1000	3-9 months in camps; 7-14 months in housing sites	17-item Traumatic Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	<i>Prevalence of PTSD: 43%; Correlates of PTSD symptoms: fear during the earthquake, female gender, trapped under rubble, death of a family member, past psychiatric illness, participated in rescue work, longer time between earthquake and assessment, less education</i>
(Tural <i>et al.</i> , 2004)**	Community	Exposed adults aged 16 to 65 living in a tent city; N=910	3-12 months	PTSD Self Test, based on DSM-IV criteria	<i>Prevalence of PTSD: 25.4%; Correlates of PTSD prevalence: female gender, married or widowed marital status (vs. unmarried), psychiatric disorder in family, distress prior to earthquake, extreme perceived life threat, death of close friend or family member, unusual peritraumatic perceptions</i>
(Kilic <i>et al.</i> , 2003)**	Community	35 randomly selected families (30 fathers, 35 mothers, 49 children) living in a tent city 30 km from the epicenter of the 2 nd earthquake; N=114	6 months after 2 nd quake	For children, the Child PTSD Reaction Index; for adults, the 17-item Self-rating Scale for PTSD, based on DSM-III-R criteria	<i>Prevalence of PTSD among parents: 44.1% among mothers, 34.5% among fathers; Correlates of PTSD symptoms among children: PTSD in father, female gender, paternal depression symptoms</i>
(Basoglu <i>et al.</i> , 2004)**	Community	Random samples of adults over age 14 from a site near the epicenter (n=530) and a site 100km away (n=420); N=950	14 months	17-item Traumatic Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	<i>Prevalence of PTSD: 23% among those near epicenter, 14% among those 100km away; Correlates of higher PTSD symptom scores among full sample: fear during the earthquake, female gender, past psychiatric illness, damage to home, participation in rescue work, past trauma, loss of close ones</i>
(Livanou <i>et al.</i> ,	Community	Consecutive self-referred adult	14 months	17-item Traumatic	<i>Prevalence of PTSD: 63%; Correlates of PTSD symptoms: fear during the</i>

2002)**		survivors from a community center for psychological treatment; N=1027		Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	earthquake, female gender, less education, loss of friends or neighbors, shorter time between earthquake and assessment, material loss
(Salcioglu <i>et al.</i> , 2003)**	Community	Adult survivors from 3 prefabricated housing sites within 10 km of the epicenter; N=568	20 months	17-item Traumatic Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	<i>Prevalence of PTSD: 39%; Correlates of PTSD symptoms: fear during the earthquake, female gender, older age, participation in rescue work, loss of friends or neighbors, history of psychiatric illness</i>
(Kilic and Ulusoy, 2003)**	Community	Adult survivors from randomly sample households in Bolu (45 km from the 2 nd earthquake) and Duzce (at the epicenter); N=430	18 months after 2 nd quake	17-item Traumatic Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	<i>Prevalence of PTSD: prevalence was 41.9% in Duzce (the epicenter), 18.6% in Bolu (45 km from the epicenter); Correlates of PTSD prevalence: fear during the earthquake, loss of friends and neighbors, female gender, less education, living in rented accommodation</i>
(Onder <i>et al.</i> , 2006)**	Community	Random sample of adults either residing in private households or in prefabricated houses near the epicenter; N=683	36 months	36-month and current prevalence assessed using Composite International Diagnostic Interview, based on DSM-IV criteria	<i>36-month prevalence of PTSD: 19.2%; Current prevalence of PTSD: 11.7%; Correlates of current PTSD prevalence: depression; Correlates of PTSD persistence: comorbid depression</i>
(Kilic <i>et al.</i> , 2006)**	Community	Adult survivors from Ankara (200 miles from epicenter) who either relocated there after the earthquakes or returned after being temporarily in the earthquake area; N=526	4 years	17-item Traumatic Stress Symptom Checklist based on DSM-IV criteria; caseness determined using cutoff of 25	<i>Prevalence of PTSD: 25.6%; Correlates of higher PTSD symptom scores: not being married, female gender, greater fear during the earthquake, death of friends/neighbors, participation in rescue efforts, being trapped under rubble</i>
(Russoniello <i>et al.</i> , 2002)**	Community	Fourth grade students from a North Carolina public school destroyed by the hurricane; N=150	6 months	Child Version of the Posttraumatic Stress Reaction Index	<i>Prevalence of severe to very severe PTSD symptomatology: 34.6%; Correlates of severe to very severe PTSD symptomatology: female gender (OR = 2.7), flooding of home (OR = 3.0); Correlates of PTSD symptoms: social withdrawal coping, self-criticism coping, blaming others coping, problem solving coping, emotional regulation coping</i>
(Soldatos <i>et al.</i> , 2006)**	Community	Earthquake victims who sought services from psychosocial	3 weeks	10 items based on ICD-10 criteria	<i>Prevalence of PTSD: 43%; Correlates of PTSD prevalence: acute stress reaction</i>

(Kolaitis <i>et al.</i> , 2003)**	Community	support units; N=102 Children from 2 randomly selected elementary schools located at the epicenter (n=115) and a control group of children from 600km away (n=48); N=163	6 months	Children's PTSD Reaction Index, with a cutoffs of 12, 25, 40, and 60 indicating mild, moderate, severe, and very severe PTSD symptom severity	<i>Prevalence of PTSD:</i> 16.5% severe, 23.5% moderate, and 38.3% mild; <i>Correlates of higher PTSD symptom scores:</i> injured during the earthquake, higher depression score, anxiety related emotional disorders
(Giannopoulou <i>et al.</i> , 2006)**	Community	Children aged 9-17 years attending schools in a suburb of Athens who were either present (n=1752) or away (n=284) at the time of the earthquake; N=2036	6-7 months	13-item Children's Revised Impact of Event Scale, using cutoff of 17	<i>Prevalence of PTSD:</i> 35.7% among those present during the earthquake, 20.1% among those away at the time of the earthquake; <i>Correlates of higher PTSD symptom scores:</i> greater perceived life threat (among those present during the earthquake), greater post-earthquake adversity (among those away at the time of the earthquake)
(Livanou <i>et al.</i> , 2005)**	Community	Convenience sample of adult survivors from the highly exposed community and 2 prefabricated housing sites; N=157	4 years	Traumatic Stress Symptom Checklist, based on DSM-IV criteria	<i>Prevalence of endorsing at least 10 PTSD symptoms:</i> 27% using lax calibration, 7% using more stringent calibration
(Chen <i>et al.</i> , 2001)**	Community	Survivors who consecutively sought psychiatric service; N=525	1 month	17-item checklist based on DSM-IV criteria for PTSD	<i>1999 Chi-Chi Earthquake, Taiwan—September 21, 1999</i> <i>Correlates of reexperiencing PTSD symptoms:</i> female gender, injury of relatives, nervous traits, obsessive traits; <i>Correlates of avoidance PTSD symptoms:</i> nervous traits, obsessive traits; <i>Correlates of arousal PTSD symptoms:</i> female gender, older age, destruction of property, nervous traits, obsessive traits
(Hsu <i>et al.</i> , 2002)**	Community	Students from 2 junior high schools who remained in the worst affected area, Chungliiao; N=323	6 weeks	Children's Interview for Psychiatric Syndromes based on DSM-IV criteria	<i>Prevalence of PTSD:</i> 21.7%; <i>Correlates of PTSD prevalence:</i> physical injury (OR = 2.35), death of a close family member with whom the student lived (OR = 5.58)
(Yang <i>et al.</i> , 2003)**	Community	Survivors from Pu-Li, one of the most damaged towns, screened at a local hospital; N=663	3-4 months	17-item checklist based on DSM-IV PTSD criteria; caseness required greater than 2 reexperiencing, 4 avoidance, and 3 arousal symptoms	<i>Prevalence of PTSD:</i> 11.3%; <i>Correlates of PTSD prevalence:</i> female gender (OR = 2.69), older age (OR = 7.83), severe destruction to home (OR = 2.93)
(Lai <i>et al.</i> , 2004)**	Community	Random sample of survivors from 2 severely damaged villages; N=252	10 months	Mini Neuropsychiatric Interview, based on DSM-IV	<i>Prevalence of PTSD:</i> 10.3% for full PTSD, 19.0% for partial PTSD; <i>Correlates of PTSD prevalence:</i> female gender, greater trauma exposure, generalized anxiety disorder, greater suicidality, other axis I disorder, greater general psychopathology, greater disability, impaired wellbeing

(Chang <i>et al.</i> , 2005)**	Community	Random sample of survivors from 2 severely damaged villages; N=252	10 months	Mini Neuropsychiatric Interview, based on DSM-IV criteria	<i>Prevalence of PTSD:</i> 10% for full PTSD, 19% for partial PTSD; <i>Correlates of full or partial PTSD:</i> female gender, current depression
(Chou <i>et al.</i> , 2004)**	Community	Adults aged 16 or older from an affected village; N=461	21 months	Mini Neuropsychiatric Interview	<i>Prevalence of PTSD:</i> 10%
(Guo <i>et al.</i> , 2004)**	Responders	Professional firefighter (n=167) and non-professional soldier (n=85) rescue workers; N=252	1 month	Davidson Trauma Scale, using cutoff of 44	<i>Prevalence of PTSD:</i> 19.8% among professional rescue workers, 31.8% among non-professional rescue workers
(Chang <i>et al.</i> , 2003)**	Responders	Male professional firefighters involved in rescue work following the collapse of a building in Taipei City; N=84	5 months	Impact of Events Scale; caseness required scoring ≥ 26	<i>Prevalence of PTSD:</i> 21.4%; <i>Correlates of PTSD prevalence:</i> longer job experience (OR = 6.87), distancing coping (OR = 2.20), use of escape-avoidance coping (OR = 1.43), positive reappraisal coping (protective) (OR = 0.59)
(Kuo <i>et al.</i> , 2003)**	Mixed	Bereaved survivors from 109 households from 2 townships; N=120	2 months	Mini-International Neuropsychiatric Interview, with diagnosis according to DSM-IV criteria	<i>Prevalence of PTSD:</i> 37%; <i>Correlates of PTSD prevalence:</i> number of psychosocial stressors (OR = 3.03), initial feelings of guilt (OR = 3.69)
<i>1999 Mexican Floods and Mudslides, Mexico—October 1999</i>					
(Norris <i>et al.</i> , 2004)†	Community	Representative samples of adults from 2 exposed communities; N=561 at baseline and follow-ups	6, 12, 18 and 24 months	Current (past 6 month) PTSD assessed using Composite International Diagnostic Interview, based on DSM-IV criteria	<i>Prevalence of PTSD at 6 months:</i> 24%; <i>Course:</i> mean number of PTSD symptoms initially declined but then stabilized
<i>1999 Orissa Supercyclone, Orissa, India—October 29, 1999</i>					
(Suar <i>et al.</i> , 2002)**	Community	Exposed adults (n=65) from the devastated area and unexposed adults (n=65); N=130	3 months	Clinical interviews with diagnosis according to DSM-IV criteria	<i>Prevalence of PTSD:</i> 89% among exposed compared to 11% among unexposed
(Kar and Bastia, 2006)**	Community	All students attending standards 9 and 10 from 2 high schools in the most severely affected district; N=108	14 months	Mini International Neuropsychiatric Interview, based on DSM-IV criteria	<i>Prevalence of PTSD:</i> 26.9% (21.7% among females, 33.3% among males)
<i>2000 Icelandic Earthquakes, Southwest Iceland—June 17, 2000 and June 21, 2000</i>					
(Bodvarsdottir and Elklit, 2004)**	Community	Probability sample of exposed (n=52) and unexposed (n=29)	3 months	Harvard Trauma Questionnaire,	<i>Prevalence of PTSD:</i> 24% in the exposed region compared to 0% in the unexposed region; <i>Correlates of PTSD symptoms:</i> anxiety caused by small

		adults; N=81		based on DSM-III-R criteria; caseness required HTQ scores >2	tremors, anxiety about a major new earthquake, emotional coping, weaker ability to express feelings and thoughts
(Goto <i>et al.</i> , 2002)**	Community	Adult evacuees from the Island; N=231	10 months	Impact of Events Scale-Revised	<i>Correlates of PTSD symptoms:</i> help-seeking from physicians, help seeking from counselors, help seeking from social workers
(Chae <i>et al.</i> , 2005)**	Community	Samples of residents aged 14 or older from the most impacted area (n=339) and an unaffected area (n=246); N=585	3-6 months	Current and pre-disaster (assessed retrospectively) PTSD based on DSM-IV criteria	<i>Incidence of PTSD:</i> 39.5% among exposed, 2.1% among unaffected
(Lee <i>et al.</i> , 2004)**	Community	Elementary school children aged 7 to 12 years from a devastated rural area in South Korea; N=261	4 months	PTSD Reaction Index for Children, with cutoffs of 7, 10, and 13 indicating mild, moderate, and severe PTSD symptom severity	<i>Prevalence of PTSD:</i> 22.7% mild, 10.4% moderate, 1.9% severe; <i>Correlates of higher PTSD symptom scores:</i> lower grade in school, female gender, blame-anger coping style, higher perceived social support
(McDermott <i>et al.</i> , 2005)**	Community	All children in grades 4 to 12 from a nondenominational private school in the Canberra disaster area; N=222	6 months	PTSD Reaction Index	<i>Prevalence of PTSD:</i> 28.6% mild, 12.1% moderate, 7.5% severe, 1.5% very severe; <i>Correlates of PTSD prevalence:</i> younger age, greater exposure to and perception of threat
(Parslow and Jorm, 2006)†	Community	Representative sample of young adults aged 20 to 24 at baseline who were interviewed in 1999 and followed-up after a large bushfire occurred in their region; N=2063	Pre-disaster and 3-18 months post-disaster	10 question Trauma Screening Questionnaire	Increased tobacco smoking was associated with more PTSD hyperarousal symptoms; however, after adjusting for non-trauma factors and fire-related experiences PTSD symptoms were no longer associated with increased tobacco smoking
(Parslow <i>et al.</i> , 2006)†	Community	Representative sample of young adults aged 20 to 24 at baseline who were interviewed in 1999 and followed-up after a large bushfire occurred in their region; N=2085 at follow-up	Pre-disaster and 3-18 months post-disaster	10 question Trauma Screening Questionnaire	<i>Prevalence of PTSD:</i> 5%; <i>Correlates of PTSD prevalence:</i> female gender, fewer years of education, pre-trauma depressive and anxiety symptoms score, being evacuated from home or work during fires, having a friend or relative who died or was injured as a results of the fires, involved in fighting bushfires affecting own home/neighborhood, felt very frightened/upset during fires

2003 Bingol Earthquake, Eastern Anatolia Region, Turkey—May 1, 2003

(Ozen and Sir, 2004)**	Responders	Male search and rescue workers; N=44	2 months	Clinician Administered PTSD Scale, based on DSM-III-R criteria	<i>Prevalence of PTSD: 25%; Correlates of higher PTSD symptom scores: higher peritraumatic anxiety score, higher general anxiety score, higher depression score, decreased work productivity, decreased life quality and contentment, poorer relationship with friends, worse perception of own economic state</i>
2004 Florida Hurricanes, Florida—2004					
(Acierno <i>et al.</i> , 2006)**	Community	Older adults aged 60+ years (n=1130) and younger adults aged 18-59 years (n=413) from Florida counties in the path of one or more of the 2004 hurricanes; N=1543	Within 1.5 years	National Women's Study PTSD modeule	<i>Correlates of higher PTSD symptom scores among younger adults: lower levels of social support, prior traumatic event exposure, health problems; Correlates of higher PTSD symptom scores among younger adults: lower income, lower levels of social support, prior traumatic event exposure, health problems</i>
2004 Earthquake and Tsunami, Asia—December 26, 2004					
(Neuner <i>et al.</i> , 2006)**	Community	Children aged 8 to 14 from 3 severely affected communities in Sri Lanka; N=264	3 to 4 weeks	UCLA PTSD Reaction Index for children, based on DSM-IV criteria	<i>Prevalence of tsunami-related PTSD: between 13.9% and 38.8% in the 3 villages; Correlates of higher PTSD symptom scores: number of family members who died in tsunami, prior traumatic exposure, severity of trauma exposure</i>
(Kumar <i>et al.</i> , 2007)**	Community	Adults from a severely affected coastal town in Tamil Nadu, India who were evacuated and living in temporary shelters; N=314	2 months	Harvard Trauma Questionnaire, based on DSM-IV criteria	<i>Prevalence of PTSD: 12.7%; Correlates of PTSD prevalence: no household income (OR=3.32), female gender (OR=3.08), injured during tsunami (OR=2.93)</i>
(Thienkrua <i>et al.</i> , 2006)†	Community	Random samples of children aged 7 to 14 who were displaced to camps (n=167), not displaced from affected villages (n=99), or not displaced from unaffected villages (n=105) in Southern Thailand; N=371	2 and 9 months	UCLA PTSD Reaction Index for children using cutoff of 40	<i>Prevalence of PTSD at 2 months: 13.2% among children living in camps, 11.1% among children from affected villages, 5.7% among children from unaffected villages; Correlates of PTSD prevalence at 2 months: had delayed evacuation, felt one's own or a family member's life to have been in danger, felt extreme panic or fear; Course: at 9 months, prevalence of PTSD among displaced children decreased to 10%</i>
(van Griensven <i>et al.</i> , 2006)†	Community	Random samples of displaced (n=371) and not displaced (n=690) adults in Phang Nga, Krabi, and Phuket provinces of Southern Thailand; N=1061	2 and 9 months	Harvard Trauma Questionnaire	<i>Prevalence of PTSD at 2 months: 11.9% among displaced in Phang Nga, 6.8% among not displaced in Phang Nga, 3.0% among not displaced in Krabi and Phuket; Correlates of PTSD prevalence at 2 months: seeing ghosts of individuals who had died, having a dead/missing family member, loss of livelihood, having a household member contemplate suicide; Course: At 9 months, prevalence of PTSD decreased to 7.0% and 2.3% among displaced and not displaced in Phang Nga, respectively</i>
(Wickrama and Kaspar, 2007)**	Community	Adolescents aged 12-19 years and their mothers from two exposed Sri Lankan villages; N=325	4 months	17 items based on DSM-IV criteria for both adolescents and mothers	<i>Prevalence of PTSD: 19.6% among mothers, 40.9% among adolescents; disaster exposure contributed to PTSD symptoms among adolescents, the influence of disaster exposure on adolescent PTSD symptoms was partially mediated by psychosocial losses, and positive mother-child relationships provided a compensatory influence on PTSD symptoms among adolescents</i>

(Armagan <i>et al.</i> , 2006)**	Responders	Members of the Turkish Red Crescent Disaster Relief Team dispatched to Banda Aceh, Indonesia; N=33	1 month	Clinician Administered PTSD Scale-1	<i>Prevalence of PTSD: 24.2%; Correlates of higher PTSD symptom scores: female gender, nurse (vs. doctor or logistic worker), less disaster rescue experience</i>
(Coker <i>et al.</i> , 2006)**	Community	Adults hurricane evacuees from Houston shelters; N=88	1-2 weeks	8 item version of Impact of Events Scale, with cutoffs of 13 and 24 indicating moderate and severe symptom severity	<i>Prevalence of PTSD: 38.6% moderate, 23.9% severe; Correlates of higher PTSD symptom: thinking they would die, witnessed violence, family member or friend was missing, using mental health medicine in the past</i>
(CDC, 2006)**	Responders	Members of the New Orleans Police Department (n=912) and Fire Department (n=525); N=1437	7-13 weeks	Veterans Administration PTSD checklist	<i>Prevalence of PTSD: 22% among firefighters, 19% among police officers</i>

*Timing of assessment(s) after the disaster

** Cross-sectional study design.

‡ OR, odds ratio.

† Prospective cohort study design.

§ Serial cross-sectional study design.

Table 4. Key multiple disaster aggregate studies assessing post-traumatic stress after disasters

Study (1 st named author)	Sample type	Sample; N	Timeframe*	PTSD measure	Main findings
(Abenheim <i>et al.</i> , 1992)**	Survivors	Survivors from 21 terrorist attacks that occurred in France between 1982 and 1987; N=254	From 4 months to >3 years	11 items based on DSM-III criteria for PTSD	<i>1982-1987 Terrorist Attacks, France</i> <i>Prevalence of PTSD in total sample: 18.1%; Correlates of PTSD prevalence: being severely injured (30.1% among severely injured, 8.3% among moderately injured, 10.5% among uninjured)</i>
(Durkin, 1993)**	Community	288 adults from Coalinga, California exposed to an earthquake (May 1983), 116 adults from a housing project in Santiago, Chile exposed to an earthquake (March 1985), and 3131 unexposed controls; N=3535	8 months in Santiago and 15 months in Coalinga	13-item instrument; caseness required satisfying DSM-III criteria	<i>(1) 1983 Chile Earthquake; (2) 1985 Coalinga, California Earthquake</i> <i>Prevalence of PTSD: 19.3% in Santiago (23.8% among females, 5.9% among males), 2.7% in Coalinga (3.5% among females, 0.8% among males), 2.2% among unexposed (3.1% among females, 1.0% among males)</i>
(Solomon <i>et al.</i> , 1993)**	Community	Puerto Rican sample of adults exposed or unexposed (n=912) to flooding and mudslides (Oct. 1985) and St. Louis sample of adults exposed or unexposed (n=543) to flooding and/or dioxin contamination (1982); N=1455	1 year in St. Louis; 2 years in Puerto Rico	Diagnostic Interview Schedule/Disaster Supplement, based on DSM-III criteria	<i>(1) 1985 Flooding and Mudslides, Puerto Rico; (2) 1992 Flood and/or Dioxin Contamination, St. Louis, USA</i> <i>Correlates of PTSD symptoms: exposure to disaster (Puerto Rico sample only), greater support burden (Puerto Rico sample only)</i>
(Steinglass and Gerrity, 1990)†	Community	Non-bereaved adults (n=39) either forced to leave their homes after a tornado in Albion, PA (May 1985) or exposed to a flood in Parsons, WV (n=76) (Nov. 1985); N=115 at 4 months	4 and 16 months	Impact of Events Scale and the Diagnostic Interview Schedule; caseness for the IES required scoring >19	<i>(1) 1985 Tornado, Albion, Pennsylvania; (2) 1985 Flood, Parsons, West Virginia</i> <i>Course of PTSD incidence (according to DIS): incidence decreased in Parsons from 14.5% at 4 months to 4.5% at 16 months; incidence over the 16 month period in Albion was 21.0%; Course of high levels of PTSD symptomatology (according to the IES): prevalence decreased from 76% at 4 months to 49% at 16 months after the tornado in Albion and from 41% to 24% after the flood in Parsons</i>
(Smith <i>et al.</i> , 1993)**	Mixed	46 hotel employees directly and indirectly exposed to a plane crash (Indianapolis, Oct. 1987); 19 employees from 2 businesses directly and indirectly exposed to a shooting spree (Arkansas, Dec.	4-6 weeks after each disaster	Diagnostic Interview Schedule/Disaster Supplement; caseness required meeting DSM-III criteria	<i>(1) 1987 Plane Crash, Indianapolis, USA; (2) 1987 Shooting Spree, Arkansas, USA; (3) 1988 Tornado, Florida, USA</i> <i>Prevalence of PTSD: 12.3% in total sample (21.7% in plane-hotel crash sample, 11.1% in shooting sample, 2.4% in tornado sample); Correlates of PTSD symptoms: being in the plane-hotel crash sample, directly exposed, more pre-disaster psychiatric diagnoses (among indirectly exposed)</i>

1987); 42 survivors of a tornado (Florida, Apr. 1988); N=106

(1) 1988 Armenian Earthquake; (2) 1988 Armenian Political Violence

(Goenjian <i>et al.</i> , 2000)†	Community	30 Armenian adults from a city severely exposed to an earthquake (Dec. 1988), 29 adults from a city mildly exposed to the same earthquake, and 19 Armenian adults exposed to severe political violence (Feb. 1988); N=78;	1.5 and 4.5 years	PTSD Reaction Index; caseness required scoring ≥ 40	<i>Correlates of PTSD symptoms at 1.5 years:</i> being in severely exposed earthquake or political violence group, depressive symptoms, anxiety symptoms; <i>Correlates of PTSD symptoms at 4.5 years:</i> being in severely exposed earthquake or political violence group, PTSD symptoms at 1.5 years, depression symptoms at 1.5 years, anxiety symptoms at 1.5 years, depression symptoms at 4.5 years, anxiety symptoms at 4.5 years; <i>Course:</i> between 1.5 and 4.5 years prevalence decreased from 86.7% to 73.3% among severely exposed earthquake survivors, decreased from 13.8% to 6.9% among mildly exposed earthquake survivors, and increased from 89.5 to 94.7% among survivors of political violence
(Norris <i>et al.</i> , 2001)**	Community	US sample of adults (135 Whites, 135 Blacks) exposed to Hurricane Andrew (1992) and Mexican sample of adults (n=200) exposed to Hurricane Paulina (1997); N=470	6 months	Revised Civilian Mississippi Scale; caseness required meeting DSM-IV criteria for PTSD	<i>Prevalence of PTSD:</i> prevalence was higher among females than males (19.4% vs. 5.9% among US Whites, 23.2% vs. 19.7% among US Blacks, 43.8% vs. 14.4% among Mexicans); <i>Correlates of PTSD symptoms:</i> younger age, less education, greater exposure, female gender, interaction of Mexican ethnicity and female gender; <i>Correlates of lower PTSD symptoms:</i> interaction between African American ethnicity and female gender; <i>Correlates of PTSD prevalence:</i> greater exposure, African American ethnicity, female gender, interaction of Mexican ethnicity and female gender
(Norris <i>et al.</i> , 2002b)**	Community	US sample of adults (n=270) exposed to Hurricane Andrew (1992), Mexican sample of adults (n=200) exposed to Hurricane Paulina (1997), and Polish sample of adults (n=285) exposed to flood (1997); N=755	6 months in the US and Mexico; 1 year in Poland	Revised Civilian Mississippi Scale	<i>Correlates of PTSD symptoms in US sample:</i> female gender, greater exposure, middle-aged, age and exposure interaction; <i>Correlates of PTSD symptoms in Mexican sample:</i> female gender, greater exposure, less education, younger age; <i>Correlates of PTSD symptoms in Polish sample:</i> female gender, greater exposure, less education, older age, age and female gender interaction
(Maes <i>et al.</i> , 2000)**	Survivors	Persons from 2 disasters in Vlaanderen, Belgium: 128 survivors of a ballroom fire (Dec. 1994) and 55 survivors from a motor vehicle accident (Feb. 1996); N=183	7-9 months after each disaster	Composite International Diagnostic Interview PTSD module, based on DSM-III-R criteria for PTSD	<i>Incidence of PTSD:</i> 45.9%; <i>Correlates of PTSD incidence:</i> major depression, generalized anxiety disorder, agoraphobia without panic, any disorder other than PTSD
(Maes <i>et al.</i> , 2001)**	Survivors	Persons from 2 disasters in Vlaanderen, Belgium: 127 survivors of a ballroom fire (Dec. 1994) and 55 survivors from a motor vehicle accident	7-9 months after each disaster	Composite International Diagnostic Interview PTSD module, based on	<i>Correlates of PTSD prevalence:</i> number of adverse life events post-disaster (OR = 1.84), severity of adverse life events post-disaster (OR = 1.18), loss of control (OR = 2.86), female gender (OR = 2.35)

		(Feb. 1996); N=182		DSM-III-R criteria for PTSD	
(Chung <i>et al.</i> , 2005)**	Community	(1) 1994 Cargo Plane Crash, Willenhall, United Kingdom; (2) 1996 Freight Train Crash, Stafford, United Kingdom 82 community residents exposed to plane crash, 66 community residents exposed to train collision, and 85 control residents from another city; N=148	6-7 months after each disaster	Impact of Events Scale	<i>Correlates of higher PTSD symptom scores:</i> higher intensity of exposure; both elderly and younger community residents experienced similar levels of intrusive thoughts and avoidance behavior
(North <i>et al.</i> , 2005)**	Survivors	(1) 1995 Oklahoma City Bombing, Oklahoma City, USA; (2) 1998 US Embassy Bombing, Nairobi, Kenya 182 randomly sampled survivors directly exposed to the Oklahoma City bombing (1995) and 227 survivors from 6 major businesses directly exposed to the Nairobi bombing; N=409	6 months in USA, 8-10 months in Kenya	Disaster Supplement of the Diagnostic Interview Schedule for DSM-IV	<i>Prevalence of bombing-related PTSD:</i> 33.7% among males in Nairobi, 48.8% among females in Nairobi, 21.8% among males in Oklahoma City, 40.4% among females in Oklahoma City; <i>Correlates of PTSD prevalence:</i> female gender (both sites), pre-existing psychiatric disorder (both sites), number of injuries sustained in the bombing (Oklahoma City only), death or injury to a family member or friend (Oklahoma City only), less frequent religious service attendance (Nairobi only)
(Verger <i>et al.</i> , 2004)**	Survivors	Adults victims directly exposed to the bombings who applied for compensation; N=198	1995-1996 Terrorist Bombings, France 2.6 years	22-item standardized instrument based on DSM-IV criteria	<i>Prevalence of PTSD:</i> 31.1%; <i>Correlates of PTSD prevalence:</i> female gender, age 35-54 years (vs. <35), single relationship status, severely injured during attack, cosmetic impairment, high perceived threat at time of attack,

*Timing of assessment(s) after the disaster

** Cross-sectional study design.

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