

IMPACT OF EVENT SCALE REVISED

Instructions: The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you *during the past 7 days* with respect to the incident in question.

	How much were you distressed or bothered by these difficulties?	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1	Any reminder brought back feelings about it.					
2	I had trouble staying asleep.					
3	Other things kept making me think about it.					
4	I felt irritable and angry.					
5	I avoided letting myself get upset when I thought about it or was reminded of it.					
6	I thought about it when I didn't mean to.					
7	I felt as if it hadn't happened or wasn't real.					
8	I stayed away from reminders about it.					
9	Pictures about it popped into my mind.					
10	I was jumpy and easily startled.					
11	I tried not to think about it.					
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them.					
13	My feelings about it were kind of numb.					
14	I found myself acting or feeling like I was back at that time.					
15	I had trouble falling asleep.					
16	I had waves of strong feelings about it.					
17	I tried to remove it from my memory.					
18	I had trouble concentrating.					
19	Reminders of it caused me to have physical reactions such as sweating, trouble breathing, nausea, or a pounding heart.					
20	I had dreams about it.					
21	I felt watchful and on guard.					
22	I tried not to talk about it.					

DO NOT WRITE BENEATH

1		5		4		Assessment
2		7		10		Reassessment
3		8		15		
6		11		18		During treatment
9		12		19		Treatment end
14		13		21		
16		17				Follow-up
20		22				Other
IS:		AS		HS:		

Case No.
Name
Date

TOTAL:
