

Impact of Events Scale - Revised (& Adapted)

Therapist: _____ Client Code: _____ Date: ___/___/___

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	For Office Use Only		
1. Any reminder brought back feelings about it	0	1	2	3	4			
2. I had trouble staying asleep	0	1	2	3	4			
3. Other things kept making me think about it	0	1	2	3	4			
4. I felt irritable and angry	0	1	2	3	4			
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4			
6. I thought about it when I didn't mean to	0	1	2	3	4			
7. I felt as if it hadn't happened or wasn't real	0	1	2	3	4			
8. I stayed away from reminders about it	0	1	2	3	4			
9. Pictures about it popped into my mind	0	1	2	3	4			
10. I was jumpy and easily startled	0	1	2	3	4			
11. I tried not to think about it	0	1	2	3	4			
12. I was aware that I still had a lot feelings about it, but I didn't deal with them	0	1	2	3	4			
13. My feelings about it were kind of numb	0	1	2	3	4			
14. I found myself acting or feeling like I was back at that time	0	1	2	3	4			
15. I had trouble falling asleep	0	1	2	3	4			
16. I had waves of strong feelings about it	0	1	2	3	4			
17. I tried to remove it from my memory	0	1	2	3	4			
18. I had trouble concentrating	0	1	2	3	4			
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4			
20. I had dreams about it	0	1	2	3	4			
21. I felt watchful and on guard	0	1	2	3	4			
22. I tried not to talk about it	0	1	2	3	4			
						AV	INT	HYP
						TOTAL = (33)		