

# Impact of Event Scale (IES)

On (date): \_\_\_\_\_

You experienced (life event): \_\_\_\_\_

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you **during the past seven days**. If they did not occur during that time, please mark the "not at all" column.

	Frequency			
	Not at all	Rarely	Sometimes	Often
1. I thought about it when I didn't mean to				
2. I avoided letting myself get upset when I thought about it or was reminded of it				
3. I tried to remove it from memory				
4. I had trouble falling asleep or staying asleep, because of the pictures or thoughts about it that came into my mind				
5. I had waves of strong feelings about it				
6. I had dreams about it				
7. I stayed away from reminders of it				
8. I felt as if it hadn't happened or it wasn't real				
9. I tried not to talk about it				
10. Pictures about it popped into my mind				
11. Other things kept making me 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. I tried not to think about it				
14. Any reminder brought back feelings about it				
15. My feelings about it were kind of numb				

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