

IES

Name: _____

Date: _____

On _____ you experienced _____ (date) (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 <i>during the past 7 days or other agreed time period</i> . if they did not occur during that time, please mark the "not at all" column	Frequency not at all rarely sometimes often 0 1 3 5	
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 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	

Total score =
(>25)