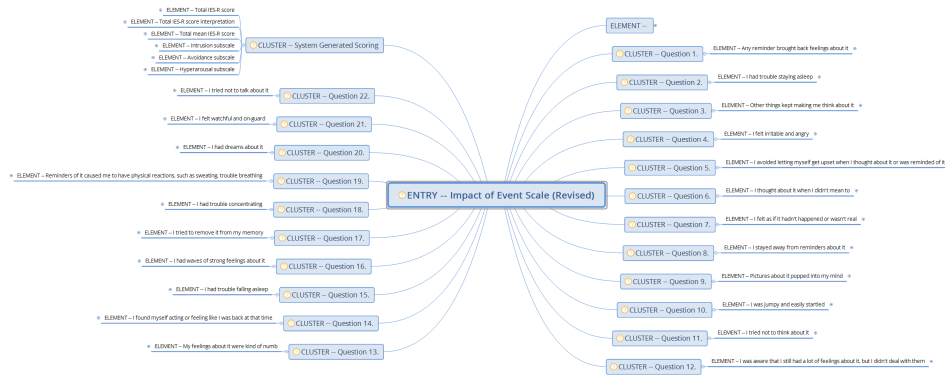


Impact of Event Scale (Revised)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	IPQ-R
Clinical Area(s)	Psychology
Description of Use	Evaluate the degree of distress a patient feels in response to trauma
Availability	Costs associated or copyright restricted, contact us for more information - not for profit
Explorer Online Screenshot	<div>IMPACT OF EVENT SCALE (REVISED)</div> <div>Instructions: Below 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 SEVEN DAYS with respect to said stressful event, how much were you distressed or bothered by these difficulties?</div> <div>QUESTION 1. ANY REMINDER BROUGHT BACK FEELINGS ABOUT IT</div> <div>QUESTION 2. I HAD TROUBLE STAYING ASLEEP</div> <div>QUESTION 3. OTHER THINGS KEPT MAKING ME THINK ABOUT IT</div> <div>QUESTION 4. I FELT IRRITABLE AND ANGRY</div> <div>QUESTION 5. I AVOIDED LETTING MYSELF GET UPSET WHEN I THOUGHT ABOUT IT OR WAS REMINDED OF IT</div> <div>QUESTION 6. I THOUGHT ABOUT IT WHEN I DIDN'T MEAN TO</div> <div>QUESTION 7.</div>
Report Preview	<div>Mrs Patient Marie TEST Age 55 (Sex: FEMALE) Gender Female 55y at the time of observation</div> <div>Address 12 Demo Street PARDOOYDORÉ QLD 4558 Phone (07)54568000 Medicare No 4680680371/L</div> <div>Specimen Lab No 00JACD9-4558-4540-8344-PC2HC4200009 Request Date 1/09/2022 09:29 AM Effective Date 1/09/2022 09:29 AM Generated Date 1/09/2022 10:27 AM</div> <div>Impact of Event Scale (E DAY)</div> <div>Instructions: Below 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 SEVEN DAYS with respect to said stressful event, how much were you distressed or bothered by these difficulties?</div> <div>QUESTION 1. Any reminder brought back feelings about it A little bit</div> <div>QUESTION 2. I had trouble staying asleep Extremely</div> <div>QUESTION 3. Other things kept making me think about it Moderately</div> <div>QUESTION 4. I felt irritable and angry Quite a bit</div> <div>QUESTION 5. I avoided letting myself get upset when I thought about it or was reminded of it Not at all</div> <div>QUESTION 6. I thought about it when I didn't mean to Not at all</div> <div>QUESTION 7. I felt as if it hadn't happened or wasn't real Quite a bit</div> <div>QUESTION 8. I stayed away from reminders about it A little bit</div> <div>QUESTION 9. Pictures about it popped into my mind Not at all</div>

Mind Map



Excel File /Structure

CEN.Impact_of_Event_Scale_(Revised).v1.xlsx

Editor Screenshot

