

**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	Mod erate -ly	Quite a bit	Extre mely
I1	Any reminder brought back feelings about it.	0	1	2	3	4
I2	I had trouble staying asleep.	0	1	2	3	4
I3	Other things kept making me think about it.	0	1	2	3	4
H4	I felt irritable and angry.	0	1	2	3	4
A5	I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
I6	I thought about it when I didn't mean to.	0	1	2	3	4
A7	I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
A8	I stayed away from reminders about it.	0	1	2	3	4
I9	Pictures about it popped into my mind.	0	1	2	3	4
H10	I was jumpy and easily startled.	0	1	2	3	4
A11	I tried not to think about it.	0	1	2	3	4
A12	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
A13	My feelings about it were kind of numb.	0	1	2	3	4
I14	I found myself acting or feeling like I was back at that time.	0	1	2	3	4
H15	I had trouble falling asleep.	0	1	2	3	4
I16	I had waves of strong feelings about it.	0	1	2	3	4
A17	I tried to remove it from my memory.	0	1	2	3	4
H18	I had trouble concentrating.	0	1	2	3	4
H19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
I20	I had dreams about it.	0	1	2	3	4
H21	I felt watchful and on guard.	0	1	2	3	4
A22	I tried not to talk about it.	0	1	2	3	4

**PHQ-9**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed, or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**Score:**

**GAD – 7**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

**Score:**

**Work and Social Adjustment Scale (W&SAS)**

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1.) **Work** – if you are retired or choose not to have a job for reasons unrelated to your problem, please indicate Yes/No Otherwise, please indicate which of the following apply:

0	1	2	3	4	5	6	7	8
not at all		slightly		definitely		markedly		very severely, I cannot work

2.) **Home management** – cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc;

0	1	2	3	4	5	6	7	8
not at all		slightly		definitely		markedly		very severely

3.) **Social leisure activities** – with other people, e.g. parties, pubs, outings, entertaining etc;

0	1	2	3	4	5	6	7	8
not at all		slightly		definitely		markedly		very severely

4.) **Private leisure activities** – done alone, e.g. reading, gardening, sewing, hobbies, walking etc;

0	1	2	3	4	5	6	7	8
not at all		slightly		definitely		markedly		very severely

5.) **Family and relationships** – form and maintain close relationships with others including the people that I live with

0	1	2	3	4	5	6	7	8
not at all		slightly		definitely		markedly		very severely

A WSAS score above 20 appears to suggest moderately severe or worse psychopathology. Scores between 10 and 20 are associated with significant functional impairment but less severe clinical symptomatology. Scores below 10 appear to be associated with subclinical populations.

## Improving Access to Psychological Therapies Phobia Scales (IAPT)

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

A16 Social situations due to a fear of being embarrassed or making a fool of myself:

0	1	2	3	4	5	6	7	8
Would not avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it				

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A17 Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness):

0	1	2	3	4	5	6	7	8
Would not avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it				

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A18 Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying):

0	1	2	3	4	5	6	7	8
Would not avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it				

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