Impact of Event Scale Revised for people with Intellectual Disabilities (IES-ID)

INSTRUCTION: “Hello, my name is ……. Lots of people have lived through or seen something bad that made them very upset or scared. I would like to ask you a few questions about the upsetting thing that you told me about before - the _____________________. Do you have any questions before we start?”

PLEASE READ OUT EACH ITEM TO THE RESPONDENT. IF THEY ANSWER YES TO A QUESTION SAY:

“I would like you to say how much this has upset or scared this has made you over the past week. Has it upset you a little bit, in the middle, or a lot? Remember there is no right or wrong answer.”

REPEAT AND SHOW THE RATING SCALES AS NECESSARY. HOWEVER, WITH SUBSEQUENT QUESTIONS THE INSTRUCTION COULD BE SHORTENED TO:

‘How much has this upset or scared you?’

1. Have you had trouble getting to sleep? (e.g., staying awake for a long time when you are trying to sleep)
   - YES
   - NO
   - A little bit
   - In the Middle
   - A lot

2. Have you felt angry? (e.g., have you wanted to smash or break things?)
   - YES
   - NO
   - A little bit
   - In the Middle
   - A lot
3. Have you being jumpy or easily scared? (e.g., when someone walks up behind you)

4. Have you not wanted to talk about __________? (e.g., when people ask you questions about it, have you tried not to answer them?)

5. Have you tried not to get upset when you remembered __________? (e.g., have you tried to stop crying when you remembered __________?)

6. Have you remembered __________ when you didn’t mean to? (e.g., thoughts of __________ have popped into your head when you were doing something else?)

7. Have you felt that __________ hadn’t really happened? (e.g., has it felt like you had dreamt it).

8. Have you tried to keep away from places or people that make you remember __________?
9. Have pictures of __________ come into your head when you didn’t want them to? (e.g., Have pictures of what happened pop into your head when you were doing something else?)

10. Have things kept making you remember __________? (e.g., do you keep seeing or hearing things that makes you remember __________?)

11. Have you tried not to talk about or think about __________? 

12. Have you been upset because of __________ but not asked for help?

13. Have you found it difficult to have strong feelings? (e.g., difficulty crying or being very happy)

14. Have you felt like __________ was happening again?
15. Have you felt upset or scared when something reminds you of __________?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>In the Middle</th>
<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
</tr>
</thead>
</table>

16. Are there times when the feelings about what happened are too much (e.g., times when you have cried so much/ been so scared you don’t think you can cope with them on your own).

<table>
<thead>
<tr>
<th></th>
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<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
</tr>
</thead>
</table>

17. Have you tried to get rid of memories of __________? (e.g., have you told the memories to go away?)

<table>
<thead>
<tr>
<th></th>
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<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
</tr>
</thead>
</table>

18. Have you found it hard pay attention to the same thing? (e.g., have you found it hard to watch the whole of a TV program?)

<table>
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<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
</tr>
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</table>

19. Have you had feelings in your body when you think about __________? (e.g., sweating, trouble breathing, feeling sick, and heart beating fast).

<table>
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<th>YES</th>
<th>In the Middle</th>
<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
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</table>

20. Have you had bad dreams or nightmares about __________?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>In the Middle</th>
<th>NO</th>
<th>A little bit</th>
<th>A lot</th>
</tr>
</thead>
</table>
21. Are you being extra careful? (e.g., checking to see who is around you)

   YES
   NO
   A little bit
   In the Middle
   A lot

22. Have you had trouble staying asleep? (e.g., have you woken up a lot in the night?)

   YES
   NO
   A little bit
   In the Middle
   A lot

INSTRUCTION: “Thank you for answering these questions. That was very helpful.”

Office Use (scoring)

I _______ A ________ H _______ TS _______

IES-ID (Version 1 – 17/06/2011)