

Client Information

<i>Client Name</i>	Client Demo
<i>Date of birth (age)</i>	18 January 1998 (22)

Assessment Information

<i>Assessment</i>	The Impact of Event Scale - Revised (IES-R)
<i>Date administered</i>	8 October 2020
<i>Assessor</i>	Mr Demo Assessor
<i>Time taken</i>	1 minutes 27 seconds

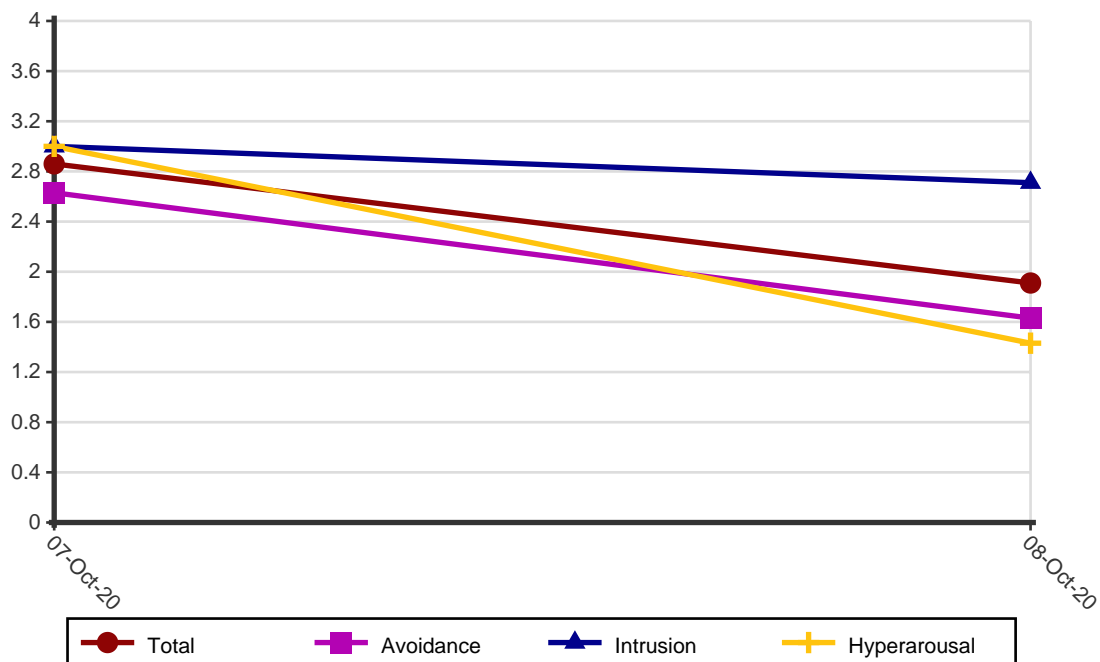
Results

	Value	Mean
Total Score	42	1.91
Avoidance Scale	13	1.63
Intrusion Scale	19	2.71
Hyperarousal Scale	10	1.43

Interpretive Text

This patient is currently experiencing
 -moderate overall symptoms;
 -moderate avoidance symptoms;
 -a high level of intrusion symptoms;
 -few hyperarousal symptoms.

Symptom Mean Score



Client Name	Client Demo
--------------------	-------------

Scoring and Interpretation Information

Results consist of a total raw score, and raw scores for three subscales: The Avoidance Scale, Intrusion Scale, and the Hyperarousal Scale. Additionally the mean rating for the total score and each subscale is presented, which gives an indication of the level of impairment from post traumatic stress, where:

- 0 = No symptoms
- 1 = Few symptoms
- 2 = Moderate symptoms
- 3 = A High level of symptoms
- 4 = An Extremely high level of symptoms

Client Responses

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble staying asleep	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4
12	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
13	My feelings about it were kind of numb	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4

Client Name	Client Demo
--------------------	-------------

Client Responses (cont.)		Not at all	A little bit	Moderately	Quite a bit	Extremely
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble concentrating	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on-guard	0	1	2	3	4
22	I tried not to talk about it	0	1	2	3	4