name:

<u>intrusive imagery scale</u>

date:

1.) how **frequent** have the intrusive images/thoughts been over this last week (or other agreed time period)?

not at all

several times each month

several times each week

several times each day

several times each hour

2.) how **long** have the intrusive images/thoughts persisted for when present over this time period?

not at all

 several seconds

several minutes

several hours

3.) how much have you been **distressed** by the intrusive images/thoughts over this time period?

not at all

very severely

4.) how much have intrusive images/thoughts *interfered* with your normal activities over this time period?

not at all

very severely