

Impact of Event Scale (IES)¹

Name: _____ Date: _____

On _____ you experienced a motor vehicle accident.

Below is a list of comments made by people after stressful life events². Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time please mark the 'NOT AT ALL' column.

	NOT AT ALL	RARELY	SOMETIMES	OFTEN
1. I thought about it when I didn't mean to.				
2. I avoided letting myself get upset when I thought about it or was reminded of it.				
3. I tried to remove it from memory.				
4. I had trouble falling asleep or staying asleep because pictures or thoughts about it came into my mind.				
5. I had waves of strong feelings about it.				
6. I had dreams about it.				
7. I stayed away from reminders about it.				
8. I felt as if it hadn't happened or it wasn't real.				
9. I tried not to talk about it.				
10. Pictures about it popped into my mind.				
11. Other things kept making me think about it.				
12. I was aware that I still had a lot of feelings about it but I didn't deal with them.				
13. I tried not to think about it.				
14. Any reminder brought back feelings about it.				
15. My feelings were kind of numb.				

Total score: _____ /75

1 State Insurance Regulatory Authority: *Guidelines for the management of acute whiplash-associated disorders – for health professionals*. Sydney: third edition, 2014. P.47.
 2 Horowitz, M., N. Wilner, and W. Alvarez, *Impact of Event Scale: a measure of subjective stress*. Psychosom Med, 1979. 41(3): p. 209-18.