

## IMPACT OF EVENTS SCALE

On (date) \_\_\_\_\_ you experienced a motor vehicle accident.

Below is a list of comments made by people after stressful life events. 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.

1. I thought about it when I didn't mean to.

- Not at all
- Rarely
- Sometimes
- Often

2. I avoided letting myself get upset when I thought about it or was reminded of it.

- Not at all
- Rarely
- Sometimes
- Often

3. I tried to remove it from memory

- Not at all
- Rarely
- Sometimes
- Often

4. I had trouble falling asleep or staying asleep, because pictures or thoughts about it came into my mind.

- Not at all
- Rarely
- Sometimes
- Often

5. I had waves of strong feelings about it.

- Not at all
- Rarely
- Sometimes
- Often

6. I had dreams about it.

- Not at all
- Rarely
- Sometimes
- Often

7. I stayed away from reminders of it.

- Not at all
- Rarely
- Sometimes
- Often

8. I felt as if it hadn't happened or it wasn't real.

- Not at all
- Rarely
- Sometimes
- Often

9. I tried not to talk about it.

- Not at all
- Rarely
- Sometimes
- Often

10. Pictures about it popped into my mind.

- Not at all
- Rarely
- Sometimes
- Often

11. Other things kept making me think about it.

- Not at all
- Rarely
- Sometimes
- Often

12. I was aware that I still had a lot of feeling about it, but I didn't deal with them.

- Not at all
- Rarely
- Sometimes
- Often

13. I tried not to think about it.

- Not at all
- Rarely
- Sometimes
- Often

14. Any reminder brought back feelings about it.

- Not at all
- Rarely
- Sometimes
- Often

15. My feelings about it were kind of numb.

- Not at all
- Rarely
- Sometimes
- Often