

Impact of Events Scale - Revised (IES-R)

Identifier

Date

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to (your problem), how much were you distressed or bothered by these difficulties? This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a health professional.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 =Extremely

1 Any reminder brought back feelings about it

2 I had trouble staying asleep

3 Other things kept making me think about it

4 I felt irritable and angry

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

6 I thought about it when I didn't mean to

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

8 I stayed away from reminders about it

9 Pictures about it popped into my mind

10 I was jumpy and easily startled

11 I tried not to 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 My feelings about it were kind of numb

14 I found myself acting or feeling like I was back at that time

15 I had trouble falling asleep

16 I had waves of strong feelings about it

17 I tried to remove it from my memory

18 I had trouble concentrating

19 Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart

20 I had dreams about it

21 I felt watchful and on guard

22 I tried not to talk about it

Avoidance

Intrusion

Hyperarousal

Total Mean
IES-R Score

Total IES-R
Score

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Introduction to the IES-R

The IES-R was developed in 1997 by Daniel Weiss and Charles Marmar to reflect the DSM-IV criteria for post-traumatic stress disorder (PTSD). The original Impact of Events Scale (IES) predated the adoption of PTSD as a 'legitimate' diagnosis in the DSM-III of 1980 and measured two of the four DSM-IV criteria for PTSD; specifically 're-experiencing / intrusion' and 'avoidance / numbing'.

The IES-R was designed to also assess hyperarousal, another of the DSM criteria for PTSD. Other criteria include exposure to a traumatic event, duration of symptoms and impairment due to symptoms.

The hyperarousal scale adds new items to the original IES; items 4, 10, 15, 18, 19 and 21. These new items help measure hyperarousal symptoms e.g. anger and irritability, heightened startle response, difficulty concentrating and hypervigilance.

For comparisons with IES scores, some consider using the sum of the 'avoidance' and 'intrusion' items. However, the response format in the IES assesses the 'frequency of symptoms' (not at all = 0, rarely = 1, sometimes = 3 and often = 5) and was changed in the IES-R to measure 'symptom severity' (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit and 4 = extremely).

The main strengths of this revised measure are that it is short, quick and easy to administer and score and may be used repeatedly to assess progress. It is intended to be used as a screening tool, not a diagnostic test.

Scoring the IES-R

Avoidance Subscale = mean of items	5, 7, 8, 11, 12, 13, 17 and 22
Intrusion Subscale = mean of items	1, 2, 3, 6, 9, 14, 16 and 20
Hyperarousal Subscale = mean of items	4, 10, 15, 18, 19 and 21
Total mean IES-R score =	The sum of the means of the three subscale scores

The maximum mean score on each of the three subscales is '4', therefore the maximum 'total mean' IES-R score is 12. Lower scores are better. A total IES-R score of 33 or over from a theoretical maximum of 88 signifies the likely presence of PTSD.

Privacy - please note - this form does not transmit any information about you or your assessment scores. If you wish to keep your results, either print this document or save this file locally to your computer. If you click 'save' before closing, your results will be saved in this document. These results are intended as a guide to your health and are presented for educational purposes only. They are not intended to be a clinical diagnosis. If you are concerned in any way about your health, please consult with a qualified health professional.

Horowitz, M.J., Wilner, M. & Alvarez, W. (1979). Impact of Events Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41 (3), 209-218.

Weiss, D.S. (2007). The Impact of Event Scale: Revised. In J.P. Wilson & C.S. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219-238). New York: Springer.