

Score: _____

TRS

Name _____

TRAUMA RECOVERY SCALE

PART I

___yes___no I have been exposed to a traumatic event in which **both** of the following were present:

- experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, **AND**
- my response involved intense fear, helplessness or horror.

- If **yes** is answered please complete Part II & III;
- If **no** is answered complete Part III (omit Part II)

PART II

Directions: Please read the following list and check all that apply.

	<u>Type Of Traumatic Event</u>	<u>Number of Times</u>	<u>Dates/Age(s)</u>		
<input type="checkbox"/>	1. Childhood Sexual Abuse	_____	_____	_____	_____
<input type="checkbox"/>	2. Rape	_____	_____	_____	_____
<input type="checkbox"/>	3. Other Adult Sexual Assault/Abuse	_____	_____	_____	_____
<input type="checkbox"/>	4. Natural Disaster	_____	_____	_____	_____
<input type="checkbox"/>	5. Industrial Disaster	_____	_____	_____	_____
<input type="checkbox"/>	6. Motor Vehicle Accident	_____	_____	_____	_____
<input type="checkbox"/>	7. Combat Trauma	_____	_____	_____	_____
<input type="checkbox"/>	8. Witnessing Traumatic Event	_____	_____	_____	_____
<input type="checkbox"/>	9. Childhood Physical Abuse	_____	_____	_____	_____
<input type="checkbox"/>	10. Adult Physical Abuse	_____	_____	_____	_____
<input type="checkbox"/>	11. Victim Of Other Violent Crime	_____	_____	_____	_____
<input type="checkbox"/>	12. Captivity	_____	_____	_____	_____
<input type="checkbox"/>	13. Torture	_____	_____	_____	_____
<input type="checkbox"/>	14. Domestic Violence	_____	_____	_____	_____
<input type="checkbox"/>	15. Sexual Harassment	_____	_____	_____	_____
<input type="checkbox"/>	16. Threat of physical violence	_____	_____	_____	_____
<input type="checkbox"/>	17. Accidental physical injury	_____	_____	_____	_____
<input type="checkbox"/>	18. Humiliation	_____	_____	_____	_____
<input type="checkbox"/>	19. Property Loss	_____	_____	_____	_____
<input type="checkbox"/>	20. Death Of Loved One	_____	_____	_____	_____
<input type="checkbox"/>	21. Other: _____	_____	_____	_____	_____
<input type="checkbox"/>	23. Other: _____	_____	_____	_____	_____
<input type="checkbox"/>	24. Other: _____	_____	_____	_____	_____
<input type="checkbox"/>	25. Other: _____	_____	_____	_____	_____

Comments: _____

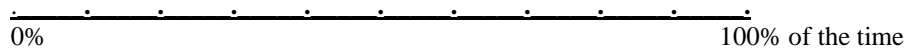
TRSTRAUMA RECOVERY SCALE

J. Eric Gentry

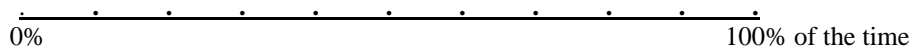
PART III

Place a mark on the line that best represents your experiences during the past week.

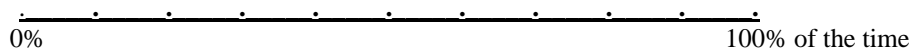
1. I make it through the day without distressing recollections of past events.



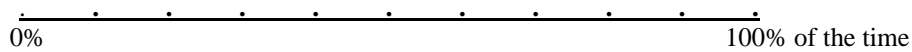
2. I sleep free from nightmares.



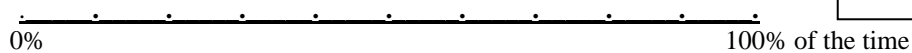
3. I am able to stay in control when I think of difficult memories.



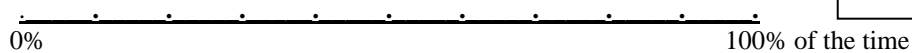
4. I do the things that I used to avoid (e.g., daily activities, social activities, thoughts of events and people connected with past events).



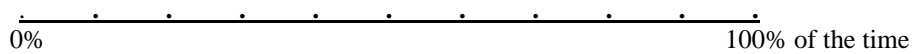
5. I am safe.



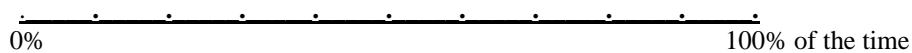
I feel safe.



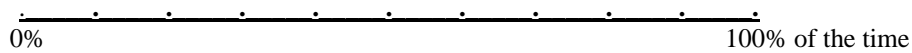
6. I have supportive relationships in my life.



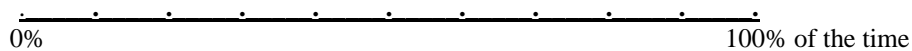
7. I find that I can now safely feel a full range of emotions.



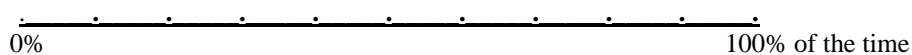
8. I can allow things to happen in my surroundings without needing to control them.



9. I am able to concentrate on thoughts of my choice.



10. I have a sense of hope about the future.



AS – FS

Scoring Instructions: record the score for where the hash mark falls on the line (0-100) in the box beside the item (average 5a with 5b to get score for 5). Sum scores and divide by 10.

Interpretation: 100 – 95 (full recovery/subclinical); 86 - 94 (significant recovery/mild symptoms); 75 – 85 (some recovery/moderate symptoms); 74 (minimal recovery/severe); below 35 (probable traumatic regression)

Mean Score

Burns Depression Checklist¹

Instructions: Put a check to indicate how much you have experienced each symptom **during the past week** including today. **Please answer all 25 items.**

0 = Not At All
1 = Somewhat
2 = Moderately
3 = A lot
4 = Extremely

Thoughts and Feelings	0	1	2	3	4
1. Feeling sad or down in the dumps					
2. Feeling unhappy or blue					
3. Crying spells or tearfulness					
4. Feeling discouraged					
5. Feeling hopeless					
6. Low self-esteem					
7. Feeling worthless or inadequate					
8. Guilt or shame					
9. Criticizing or blaming yourself					
10. Difficulty making decisions					
Activities and Personal Relationships					
11. Loss of interest in family, friends or colleagues					
12. Loneliness					
13. Spending less time with family or friends					
14. Loss of motivation					
15. Loss of interest in work or other activities					
16. Avoiding work or other activities					
17. Loss of pleasure or satisfaction in life					
Physical Symptoms					
18. Feeling tired					
19. Difficulty sleeping or sleeping too much					
20. Decreased or increased appetite					
21. Loss of interest in sex					
22. Worrying about your health					
Suicidal Urges*					
23. Do you have any suicidal thoughts?					
24. Would you like to end you life?					
25. Do you have a plan for harming yourself?					

Please total your score for items 1 to 25 here



*Anyone with suicidal urges should seek help from a mental health professional

¹ Burns, David (1999). *Feeling Good: The New Mood Therapy*. New York: Avon Books

DES

(Eve Bernstein-Carlson, Ph.D., Frank Putnam, MD)

DIRECTIONS

This questionnaire consists of twenty-eight questions about experiences you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs.

To answer the questions, please determine to what degree the experiences described in the question applies to you and circle the number to show what percentage of the time that you have the experience.

EXAMPLE:

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realize that they don't remember what happened during all or part of the trip. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

4. Some people have the experience of finding themselves dressed in clothes they don't remember putting on. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

5. Some people have the experience of finding new things among their belongings that they don't remember buying. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were another person. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

8. Some people are told that they do not recognize friends or family members. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

9. Some people find that they no memory for some important events in their lives (for example, a wedding or graduation). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

17. Some people find that when they are watching television or a movie that they become so absorbed in the story that they are unaware of other events happening around them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

18. Some people find that they become so involved in a fantasy or daydream that it feels as if it were really happening to them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

19. Some people find that they sometimes are able to ignore pain. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

22. Some people find that in one situation that they may act so differently compared with another situation that they feel almost as if they were two different people. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

23. Some people sometimes find that in certain situations that they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

24. Some people find that they cannot remember whether they have done something or have just thought about doing this (for example, not knowing whether they have just mailed a letter or just thought about mailing it). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

27. Some people sometimes find that they hear voices inside their heads that tell them to do things or comment on things that they are doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

Sigma:

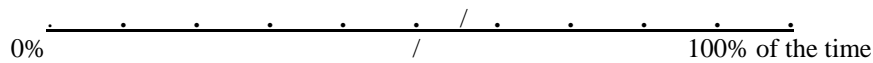
DRS
(Tinnin, 1995)

Mean:

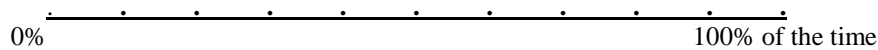
DIRECTIONS

This questionnaire contains six items about experiences you may have had in your daily life. To answer these items, please determine to what degree the experiences described in the questions applies to you and mark a place on the line with a vertical slash at the appropriate place, as shown in the example below.

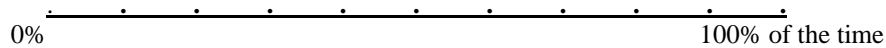
Example:



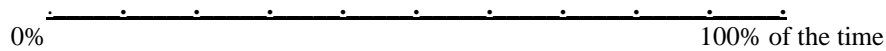
1. Some people sometimes feel that they are not their usual self but are two or more different selves. Mark the line to show what percentage of the time this happens to you.



2. Some people have the feeling that their actions are being directed or controlled by others. Mark the line to show what percentage of the time this happens to you.



3. Some people sometimes lose their sense of time, duration and sequence of events during the day. Mark the line to show what percentage of the time this happens to you.



4. Some people experience changes in their body image as if their body were different or did not belong to them. Mark the line to show the percentage of time this happens to you.



5. Some people have the experience that other people, objects, and the world around them are not real. Mark the line to show the percentage of time this happens to you.



6. Some people find that they are sometimes literal-minded and have difficulty understanding jokes or figures of speech. Mark the line to show the percentage of time this happens to you.



Score: _____

IES

IMPACT OF EVENTS SCALE

M. Horowitz, Dept. of Psychiatry, University of California at San Francisco

Name: _____ Occupation: _____

In _____ (year) I experienced this life event: _____

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true during the past seven days. If they did not occur during that time, please mark "not at all".

	Not At All 0	Rarely 1	Sometimes 3	Often 5
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 my memory.				
4. I had trouble falling or staying asleep, because of pictures or thoughts about it that 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 of 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 about it were kind of numb.				

0 - 8 Subclinical
9 - 25 Mild
26 - 43 Moderate
Over 43 Severe

Intrusion: 1, 4, 5, 6, 10, 11, 14
Avoidance: 2, 3, 7, 8, 9, 12, 13, 15

SCL-45

(Alvir *et al*, 1988)

Name: _____

Date: _____

For each question below circle how you have felt during the past week.

0 = Not At All

4 = Very Much

Do you have pains in your lower back?	0	1	2	3	4
Do you feel blocked in getting things done?	0	1	2	3	4
Do you feel shy or uneasy with the opposite sex?	0	1	2	3	4
Do you feel lonely?	0	1	2	3	4
Do you feel nervous or shaky inside?	0	1	2	3	4
Do you have temper outbursts you cannot control?	0	1	2	3	4
Are you afraid in open spaces or on the streets?	0	1	2	3	4
Do you feel that most people cannot be trusted?	0	1	2	3	4
Do you feel that others can control your thoughts?	0	1	2	3	4
Do you experience soreness in your muscles?	0	1	2	3	4
Do you have to check and recheck what you do?	0	1	2	3	4
Are your feelings easily hurt?	0	1	2	3	4
Are you blue?	0	1	2	3	4
Are you suddenly scared for no reason?	0	1	2	3	4
Do you have urges to beat or harm someone?	0	1	2	3	4
Are you afraid to go out of your house alone?	0	1	2	3	4
Do you feel that you are being watched or talked about by others?	0	1	2	3	4
Do you hear voices that others do not hear?	0	1	2	3	4
Do you experience hot or cold spells?	0	1	2	3	4
Do you have difficulty making decisions?	0	1	2	3	4
Do you feel inferior to others?	0	1	2	3	4
Do you worry too much about things?	0	1	2	3	4
Do you feel fearful?	0	1	2	3	4
Do you have urges to smash or break things?	0	1	2	3	4
Are you afraid to travel on buses, subways or trains?	0	1	2	3	4
Do others not give you proper credit for your achievements?	0	1	2	3	4
Do you have thoughts that are not your own?	0	1	2	3	4
Do you experience numbness or tingling in parts of your body?	0	1	2	3	4
Does your mind go blank?	0	1	2	3	4
Do you feel uneasy when people watch or talk about you?	0	1	2	3	4
Do you feel no interest in things?	0	1	2	3	4
Do you feel tense or keyed up?	0	1	2	3	4
Are you uneasy in crowds, such as shopping or at movies?	0	1	2	3	4
Do you feel that people will take advantage of you?	0	1	2	3	4
Do you feel lonely even when you are with people?	0	1	2	3	4

Do you feel weak in parts of your body? 0 1 2 3 4
Do you have trouble concentrating? 0 1 2 3 4
Do you feel very self-conscious when with other people? 0 1 2 3 4
Do you feel hopeless about the future? 0 1 2 3 4
Do you have spells of terror or panic? 0 1 2 3 4

Do you feel that you are being punished for your sins? 0 1 2 3 4
Do you have feelings of heaviness in your arms or legs? 0 1 2 3 4
Do you feel worthless? 0 1 2 3 4
Do you feel so restless you can't sit still? 0 1 2 3 4
Do you feel something is wrong with you mind? 0 1 2 3 4

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Score

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