

Score: _____

TRS

Name: _____

TRAUMA RECOVERY SCALE

PART I

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

	Type Of Traumatic Event	Number of Times	Dates/Age(s)
<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. Physical Injury/Medical	_____	_____
<input type="checkbox"/>	9. Childhood Physical Abuse	_____	_____
<input type="checkbox"/>	10. Adult Physical Abuse	_____	_____
<input type="checkbox"/>	11. Victim Of 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. Neglect	_____	_____
<input type="checkbox"/>	23. Witnessed Event (see below)	_____	_____
<input type="checkbox"/>	24. Other: _____	_____	_____
<input type="checkbox"/>	25. Other: _____	_____	_____

If you witnessed trauma and it has caused significant distress or problems in your life please identify the even(s) and people involved.

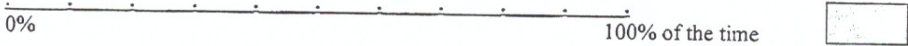


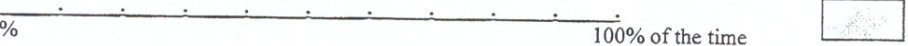






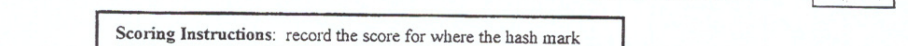
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____
- Witnessed Event: _____

Comments: _____

TRS TRAUMA RECOVERY SCALE

PART II

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