

TRS

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 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. Terrorism		
<input type="checkbox"/>	23. Other: _____		
<input type="checkbox"/>	24. Other: _____		
<input type="checkbox"/>	25. Other: _____	_____	_____

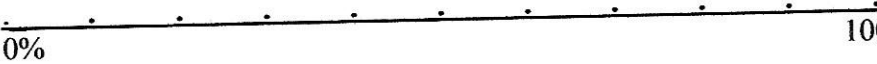
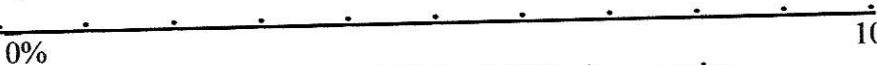
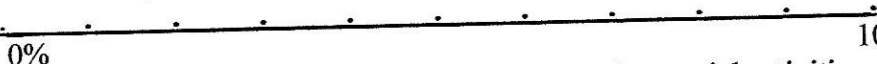
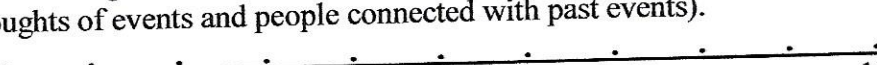


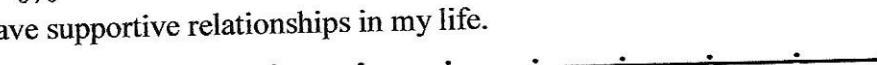
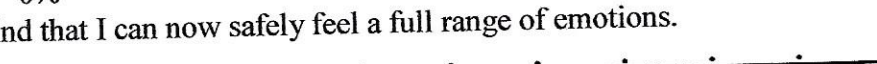
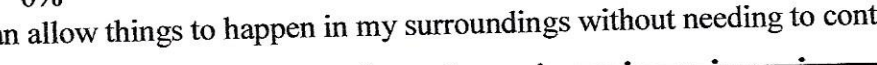
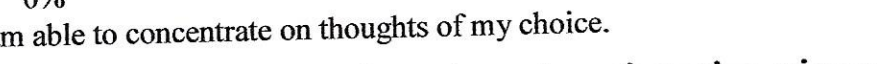
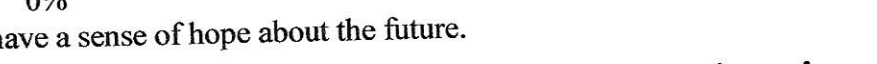
Comments: _____

TRS TRAUMA 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 (Am Safe – AS).

 I feel safe (Feel Safe – FS).

100% of
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

(am safe – feel safe)

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 (possible traumatic regression)

Mean Score