

Participant ID: _____
Evaluator: _____

Date: _____
Appointment: _____

Trauma-Related Nightmare Survey (TRNS)

Instructions: The following questions relate to your experience of nightmares in the past month. Nightmares are dreams with **negative emotions** that **wake you up** [if you do not wake up, that is a bad dream, not a nightmare]. Please read each question and answer to the best of your ability. If you need more room, feel free to use the back of the page.

1. Approximately how many hours do you sleep per night? _____ hours
2. Approximately how long does it usually take for you to fall asleep?
 Less than 15 minutes
 15 minutes to 1 hour
 1 hour to 2 hours
 More than 2 hours *if more than 2 hours, how many?* _____
3. In general, how fearful are you to go to sleep?
 Not at all Slightly Moderately Very much Extremely
4. In general, how depressed do you feel when you wake up?
 Not at all Slightly Moderately Very much Extremely
5. In general, how rested do you feel when you wake up?
 Not at all Slightly Moderately Very much Extremely
6. How long have you experienced nightmares? _____ months OR _____ years
7. Did your nightmares begin after a traumatic event, such as sexual assault, combat, fire or any other stressful event?
 Yes No
8. Approximately, how many nightmares have you experienced?
_____ in the past week
_____ in the past month
_____ in the past year
9. On how many nights in the past week have you experienced a nightmare? _____
10. On how many nights in the past week have you experienced **more than one** nightmare per night? _____
11. In general, how disturbing have the nightmares been?
 Not at all Slightly Moderately Very much Extremely
12. How many different nightmares do you generally experience? _____

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13. If you have experienced a trauma (serious car accident, natural disaster, sexual assault, etc.), please indicate how similar your nightmare is to the trauma you experienced. If you have more than one nightmare, please answer for the most frequent nightmare. My most frequent nightmare is:

Exactly or almost exactly like the trauma

Similar to trauma, but not exact

Please explain: _____

Unrelated to traumatic event(s)

Please explain: _____

14a. How long does it typically take you to return to sleep after a nightmare?

less than 15 minutes

15 minutes to 1 hour

1 hour to 2 hours

more than 2 hours

typically do not return to sleep

14b. What do you do to help you get back to sleep? (e.g. nothing, read, watch TV, consume alcohol or drugs, etc...)

14c. After waking from the nightmare, do you experience any of the following symptoms? (*check all that apply*)

Palpitations, pounding heart, or accelerated heart rate

Sweating

Feeling dizzy, unsteady, lightheaded, or faint

Trembling or shaking

Sensations of shortness of breath or smothering

Feeling of choking

Chest pain or discomfort

Nausea or abdominal distress

Numbness or tingling sensations

Fear of losing control

Derealization (feelings of unreality)

Chills or hot flashes

Depersonalization (being detached from oneself)

Fear of dying

14d. What time do you generally wake up from a nightmare?

[if you experience more than one nightmare per night, please indicate the time you wake from the first nightmare]

0-2 hours after sleep onset

3-5 hours after sleep onset

6-8 hours after sleep onset

9+ hours after sleep onset

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15. In general, I have the same nightmare[s] over and over.

- Not at all Slightly Moderately Very much Extremely

16. In general, my nightmares are related to themes of...

a. Powerlessness

- Not at all Slightly Moderately Very much Extremely

b. Trust

- Not at all Slightly Moderately Very much Extremely

c. Intimacy

- Not at all Slightly Moderately Very much Extremely

d. Safety

- Not at all Slightly Moderately Very much Extremely

e. Esteem

- Not at all Slightly Moderately Very much Extremely