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

☐ Feeling dizzy, unsteady, lightheaded, or faint

☐ Sensations of shortness of breath or smothering

☐ Chest pain or discomfort

☐ Numbness or tingling sensations

☐ Derealization (feelings of unreality)

☐ Depersonalization (being detached from oneself)

☐ Sweating

☐ Trembling or shaking

☐ Feeling of choking

☐ Nausea or abdominal distress

☐ Fear of losing control

☐ Chills or hot flashes

☐ 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
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