TRS TRAUMA RECOVERY SCALE

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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.

0% 100% of the time

2. I sleep free from nightmares.

0% 100% of the time

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

0% 100% of the time

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).

0% 100% of the time

5. I am safe.

0% 100% of

I feel safe.

0% 100% of the time

6. I have supportive relationships in my life.

0% 100% of the time

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

0% 100% of the time

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

0% 100% of the time

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

0% 100% of the time

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

0% 100% of the time

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)

AS – FS

Mean Score

TRS

TRAUMA RECOVERY SCALE

PART I

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

a. 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***

b. 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.

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

Comments: _____