

Score: \_\_\_\_\_

# TRS

Name \_\_\_\_\_

## TRAUMA RECOVERY SCALE

### PART I

**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.  | 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.

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 the time

- 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

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