

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?

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, 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 month?
 in the past week in the past month (if less than one per week) less than one per month

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?

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 (explain) Unrelated to traumatic events (explain)

14a. How long does it typically take you to return to sleep after a nightmare?
 less than 15 min 15 min to 1 hr 1 hr to 2 hrs more than 2 hrs 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)

- | | |
|--|---|
| <input type="checkbox"/> Palpitations, pounding heart, or accelerated heart rate | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Feeling dizzy, unsteady, lightheaded, or faint | <input type="checkbox"/> Trembling or shaking |
| <input type="checkbox"/> Sensations of shortness of breath or smothering | <input type="checkbox"/> Feeling of choking |
| <input type="checkbox"/> Chest pain or discomfort | <input type="checkbox"/> Nausea or abdominal distress |
| <input type="checkbox"/> Numbness or tingling sensations | <input type="checkbox"/> Fear of losing control |
| <input type="checkbox"/> Derealization (feelings of unreality) | <input type="checkbox"/> Chills or hot flashes |
| <input type="checkbox"/> Depersonalization (being detached from oneself) | <input type="checkbox"/> 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

- | | | | | | |
|---------------|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| Powerlessness | <input type="checkbox"/> Not at all | <input type="checkbox"/> Slightly | <input type="checkbox"/> Moderately | <input type="checkbox"/> Very much | <input type="checkbox"/> Extremely |
| Trust | <input type="checkbox"/> Not at all | <input type="checkbox"/> Slightly | <input type="checkbox"/> Moderately | <input type="checkbox"/> Very much | <input type="checkbox"/> Extremely |
| Intimacy | <input type="checkbox"/> Not at all | <input type="checkbox"/> Slightly | <input type="checkbox"/> Moderately | <input type="checkbox"/> Very much | <input type="checkbox"/> Extremely |
| Safety | <input type="checkbox"/> Not at all | <input type="checkbox"/> Slightly | <input type="checkbox"/> Moderately | <input type="checkbox"/> Very much | <input type="checkbox"/> Extremely |
| Esteem | <input type="checkbox"/> Not at all | <input type="checkbox"/> Slightly | <input type="checkbox"/> Moderately | <input type="checkbox"/> Very much | <input type="checkbox"/> Extremely |

Adapted from Davis, J.L., Wright, D., & Borntrager, C. (2001). The Trauma-Related Nightmare Survey. Unpublished measure: University of Tulsa.