

Participant ID: _____

Date: _____

Evaluator: _____

Appointment: _____

POST-TRAUMA NIGHTMARES QUESTIONNAIRE

1. My nightmares **replay actual events or significant parts of actual events** that have happened in my life.

Never	Rarely	Sometimes	Often	Almost always	Always
0	1	2	3	4	5

2. In my nightmares I feel like I am reliving actual events, like they are happening again.

Never	Rarely	Sometimes	Often	Almost always	Always
0	1	2	3	4	5

3. My arms or legs move when I sleep.

Never	Rarely	Sometimes	Often	Almost always	Always
0	1	2	3	4	5

4. I “act out” my nightmares by kicking, punching, running, or screaming.

Never	Rarely	Sometimes	Often	Almost always	Always
0	1	2	3	4	5

5. While I act out my nightmares, I leave the bed.

Never	Rarely	Sometimes	Often	Almost always	Always
0	1	2	3	4	5