

Participant ID: _____
Evaluator: _____

Date: _____
Appointment: _____

Trauma-Related Nightmare Survey (TRNS) In-Treatment

Instructions: The following questions relate to your experience of nightmares in the past week. 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 nightmares have you experienced? _____ in the past week
2. On how many nights in the past week have you experienced a nightmare? _____
3. On how many nights in the past week have you experienced **more than one** nightmare per night? _____
4. In general, how disturbing have the nightmares been?
 Not at all Slightly Moderately Very much Extremely
5. How many different nightmares do you generally experience? _____
6. 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