NAME:	DATE:
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Racial Trauma Scale – Clinical Version

<u>Instructions</u>: Think about all the times when you have heard about, seen, or experienced racial discrimination. As a result of this, how bothered have you been by the following:

	1. Not at all	2. Slightly	3. Very Much	4. Extremely
1. Thinking the world is unsafe	0	0	0	0
2. Feeling disconnected from myself.	0	0	0	0
3. Using alcohol to help me cope.	0	0	0	0
4. Feeling unsafe in public.	0	0	0	0
5. Having difficulties connecting with other people.	0	0	0	0
6. Using drugs to deal with my feelings.	0	0	0	0
7. Worrying about my loved one's safety.	0	0	0	0
8. Feeling nervous in social situations.	0	0	0	0
9. Using prescription medication to help with feelings.	0	0	0	0
10. Feeling society is unfair to people like me.	0	0	0	0
11. Fear that I will embarrass myself or others.	0	0	0	0
12. Causing myself physical pain (like cutting, burning, or hitting myself).	0	0	0	0
13. Thinking that others are purposefully working against me.	0	0	0	0
14. Feeling tired or as if I have less energy.	0	0	0	0
15. Sleeping too much.	0	0	0	0
16. Feeling watched by others.	0	0	0	0
17. Feeling worthless.	0	0	0	0
18. Weight changes without me trying.	0	0	0	0
19. Noticing people are less friendly to me.	0	0	0	0
20. Feeling like a failure.	0	0	0	0
21. Inability to stop moving.	0	0	0	0
22. Feeling on edge around people who might be racists.	0	0	0	0
23. Thinking I cannot reach my goals.	0	0	0	0
24. Reacting angrily.	0	0	0	0
25. Avoiding certain situations or speaking to certain people.	0	0	0	0
26. Feeling like I am not as good as others.	0	0	0	0
27. Thinking about ways to make other people suffer.	0	0	0	0
28. Watching my surroundings for danger.	0	0	0	0
29. Feeling like I cannot succeed.	0	0	0	0
30. Having nightmares about discrimination.	0	0	0	0