

NAME: _____

DATE: _____

Racial Trauma Scale – 9-Item Short-Form RV

Instructions: 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. <i>Not at all</i>	2. <i>Slightly</i>	3. <i>Very Much</i>	4. <i>Extremely</i>
1. Inability to stop moving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having difficulties connecting with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feeling society is unfair to people like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Reacting angrily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Avoiding certain situations or speaking to certain people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling like I am not as good as others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling like I cannot succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Finding it difficult to cope without food/alcohol/ drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Worrying about my safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>