

HAP TRAUMA RECOVERY NETWORK  
Research Data Reporting

Date of Report: \_\_\_\_\_

Client Initials: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Total Number of Sessions: \_\_\_\_\_

Protocol Used: \_\_\_\_\_

Pre-Treatment IES-R Score: \_\_\_\_\_

Post-Treatment IES-R Score: \_\_\_\_\_

30-Day Post-Treatment IES-R Score: \_\_\_\_\_

If 30-Day Post-Treatment IES-R is not completed, please explain:

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Therapist Name

Date: \_\_\_\_\_