

Image Rehearsal Therapy Dreamscapes Intake: Shannon Stoehr CS 464 Final Project (Spring 2022)

This project aims to study the effects of Image Rehearsal Therapy techniques in 3D worlds on nightmare persistence and severity.

[Sign in to Google](#) to save your progress. [Learn more](#)

* Required

What is your gender? *

- ☐ Female
- ☐ Male
- ☐ Other

What is your age? *

- ☐ 18-25
- ☐ 26-39
- ☐ 40-59
- ☐ 60+



[Request edit access](#)



How often do you have disturbing dreams and/or nightmares? *

- ☐ never
- ☐ yearly
- ☐ monthly
- ☐ weekly

If you answered weekly, please estimate the number of disturbing dreams and/or nightmares you have per week.

Your answer

On average, do your nightmares wake you up? *

- ☐ 0 - never/rarely
- ☐ 1 - occasionally
- ☐ 2 - sometimes
- ☐ 3 - frequently
- ☐ 4 - always
- ☐ N/A



Request edit access



How would you rate the SEVERITY of your disturbing dreams and/or nightmare * problem?

- ☐ 0 - no problem
- ☐ 1 - minimal problem
- ☐ 2 - mild problem
- ☐ 3 - moderate problem
- ☐ 4 - severe problem
- ☐ 5 - very severe problem
- ☐ 6 - extremely severe problem
- ☐ N/A

How would you rate the INTENSITY of your disturbing dreams and/or nightmares? *

- ☐ 0 - not intense
- ☐ 1 - minimal intensity
- ☐ 2 - mild intensity
- ☐ 3 - moderate intensity
- ☐ 4 - severe intensity
- ☐ 5 - very severe intensity
- ☐ 6 - extremely severe intensity
- ☐ N/A

 [Request edit access](#)



Have you ever been diagnosed with Post Traumatic Stress Disorder? *

- ☐ yes
- ☐ no
- ☐ I do not wish to answer

Is there a consistent theme/scenario in your nightmares? *

- ☐ yes
- ☐ no
- ☐ I do not wish to answer/N/A

In five words/short phrases (or fewer), please describe the subject(s), setting(s), or theme(s) of your typical nightmare. You may be as specific or general as you'd like. This question is optional.

Your answer

Are you familiar with Image Rehearsal Therapy? *

- ☐ very familiar/have gone through the process before
- ☐ have heard of it, but don't know much about it
- ☐ not familiar/never heard of it



Request edit access



Are you currently utilizing professional mental health services? *

- ☐ yes
- ☐ no
- ☐ I do not wish to answer

I understand that this is a student research project and is in no way meant to be *
a substitute for professional mental health services. I agree to have my
responses to this questionnaire analyzed and used to develop a custom
scenario in the IRT Dreamscapes application. By selecting today's date I agree
to release my responses to Shannon Stoehr for her CS 464 project. (If you no
longer wish to participate please exit the form now. Your answers are only
saved if you submit this form.)

Date

mm/dd/yyyy

Submit

Clear form

Never submit passwords through Google Forms.

This content is neither created nor endorsed by Google. [Report Abuse](#) - [Terms of Service](#) - [Privacy Policy](#)

Google Forms



Request edit access

