

Calm Heart PTSD Worksheet

Patient Information

Patient Name:

Date:

Triggers Identification

List Specific Triggers (Check all that apply):

- Recent stressful event
- Loud noises
- Crowded places

Specific places (please specify):

Specific people (please specify):

Other (please specify):

Rate the Impact of Each Trigger (1-5, with 5 being the highest impact):

Trigger 1:

Rating:

Trigger 2:

Rating:

Trigger 3:

Rating:

Emotional Exploration

Emotions Experienced During Triggers (Check all that apply):

- Fear
- Anxiety
- Anger
- Sadness
- Disgust

Other (please specify):

Physical Sensations (Check all that apply):

- Rapid heartbeat
- Sweating
- Shortness of breath

- Nausea
- Trembling

Other (please specify):

Coping Strategies

Coping Strategies Used or Considered (Check all that apply):

- Deep breathing exercises
- Meditation or mindfulness
- Talking to a friend or family member
- Seeking professional help
- Physical exercise

Other (please specify):

Action Plan (Describe how you will implement these coping strategies when triggered):

Progress Tracking

Date of Next Review: _____

Notes and Observations:

Therapist's Notes (For Professional Use)

Therapist's Recommendations: