

Intrusive Thought Diary PTSD Worksheet

Name	Date
Time	Location
Situation/trigger:	
Write down the specific thought or image that intruded upon you.	
Record the emotions and feelings that accompanied the intrusive thought. Rate the intensity of each feeling on a scale of 0-10 (0 = not intense, 10 = extremely intense).	
Describe any physical sensations or reactions you experienced during the intrusive thought. Rate the intensity of each sensation on a scale of 0-10 (0 = not intense, 10 = extremely intense).	
Identify any unhelpful or irrational thoughts or beliefs that may have arisen along with the intrusive thought. Challenge these thoughts with rational counterarguments.	
List any coping strategies or techniques you used to manage the intrusive thought. Rate the effectiveness of each strategy on a scale of 0-10 (0 = not effective, 10 = highly effective).	
List any self-care actions you can take to soothe yourself after experiencing the intrusive thought. Plan to implement one or more of these actions.	

Additional notes