Slow Movement PTSD Worksheet

| Name: | Date: |
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| Contact Information: | Therapist: |
| related to PTSD (Post-Traumatic Street to complete each section honestly and | ned to help you explore your experiences and emotions as Disorder) deliberately and reflectively. Take your time of thoughtfully. You can work on this worksheet herapist or healthcare practitioner for further guidance |
| 1. Identifying Traumatic Events: Lis your PTSD symptoms. Include dates a | t the traumatic events or experiences that contributed to and specific details. |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| | natic event you listed above, describe the emotions you ons affect your daily life and well-being? |
| Event 1: | |
| Emotions: | |
| Impact on Daily Life: | |
| Event 2: | |
| Emotions: | |
| Impact on Daily Life: | |
| Event 3: | |
| Emotions: | |
| Impact on Daily Life: | |
| Event 4: | |
| Emotions: | |
| Impact on Daily Life: | |

| 3. Triggers and Avoidance: Identify any specific triggers that remind you of your traumatic experiences. How do you typically respond to these triggers? Do you engage in avoidance behaviors? |
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| Triggers: |
| Response/Avoidance: |
| 4. Coping Strategies: List any coping strategies or techniques you have used to manage your PTSD symptoms. Are these strategies effective? If not, why? |
| 5. Support System: Describe your current support system. Who can you turn to for help and understanding? Are there any support groups or resources you have found beneficial? |
| 6. Goals for Healing: What are your short-term and long-term goals for managing and healing from PTSD? What steps can you take to work towards these goals? Short-term Goals: |
| Long-term Goals: |
| Steps to Achieve Goals: |
| 7. Self-Care Plan: Outline a self-care plan that includes activities or practices that promote your mental and emotional well-being. |
| 8. Additional Notes: Use this space to jot down any additional thoughts, concerns, or questions you have regarding your PTSD and the healing process. |
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