

Suicidal Thoughts and Behaviors Tracker PTSD Worksheet

Name: _____ Date: _____

Instructions: Use this tracker to monitor your thoughts and behaviors related to suicide. Be honest with yourself, and remember that seeking help is a sign of strength.

Have you had thoughts of suicide today?

- Yes
- No

Have you made any specific plans for suicide today?

- Yes
- No

Have you taken any steps towards carrying out a plan for suicide today?

- Yes
- No

Instructions: Rate each statement on a scale of 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree."

| | |
|--|--|
| 1. I feel overwhelmed and out of control. | 4. I feel a sense of hopelessness when I have thoughts of suicide. |
| <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree | <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree |
| 2. I believe my life is not worth living. | 5. I have trouble finding meaning or pleasure in life. |
| <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree | <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree |

| | |
|--|--|
| 3. I think my family would be better off without me. | 6. I constantly feel tired and lack energy. |
| <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree | <input type="checkbox"/> 1 - Strongly Disagree <input type="checkbox"/> 2 - Disagree <input type="checkbox"/> 3 - Neutral <input type="checkbox"/> 4 - Agree <input type="checkbox"/> 5 - Strongly Agree |

Instructions: Use this table to record your thoughts, triggers, actions, and dates.

| Date | Trigger | Thoughts or Feelings | Actions Taken |
|------|---------|----------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Instructions: Please answer the following questions and use the tracking table to honestly monitor your thoughts and behaviors related to suicide

When I have thoughts of suicide, the triggers often include

_____.

A specific situation that intensifies my suicidal thoughts is

_____.

The actions I take to cope with these thoughts usually involve

I first noticed these thoughts on this date: _____.

One person I have talked to about my suicidal thoughts is
