

# 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

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I first noticed these thoughts on this date: \_\_\_\_\_.

One person I have talked to about my suicidal thoughts is

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