

Checking the Facts With Your Senses PTSD Worksheet

Name: _____

Age: _____

Part 1: Awareness

Date & Time: _____

Location: _____

Emotional State: (Check one)

- Anxious
- Angry
- Sad
- Calm
- Other: _____

Specific Trigger(s): (Check all that apply)

- Loud noise
- Crowded place
- Flashback
- Stressful conversation
- Other: _____

Part 2: Engaging Your Senses

Sight: List three things you see around you right now.

Hearing: List three sounds you can hear at this moment.

Touch: Describe the sensation of something you can physically touch. (Write your answer)

Taste: Check if you have something you can taste right now.

- Yes
- No

Smell: Check if you can identify any scents or odors in your environment.

- Yes
- No

Part 3: Grounding Statements

Choose three grounding statements from the list or create your own.

- "I am safe right now."
- "This is the present, not the past."
- "I can handle my emotions."
- "I am in control of my thoughts."
- Other: _____

Part 4: Reflection and Coping

How do you feel now compared to when you started this worksheet?

- Calmer
- More anxious
- No change
- Other: _____

Additional Coping Strategies (if needed): (Write your answer)