## **Hallucination Diary PTSD Worksheet**

Client Name:	Date:
understand hallucinations related to PTS record experiences and emotions associated	s designed to help you or your client track and SD. Please use this worksheet daily or as needed to iated with hallucinations. Discuss the completed diary therapy sessions for better insight and treatment
Date and Time:	
Date:	
Time:	
Hallucination Description:	
Describe the hallucination you experience duration, and intensity.	ced, including sensory details (visual, auditory, etc.),
Trigger or Context:  Identify any triggers or situations that ma	ay have led to the hallucination.
Emotions and Feelings:	
Note your emotional state before, during you felt.	g, and after the hallucination. Be specific about what
Thoughts:	
Record any thoughts or beliefs you had accurately, or were there distortions in you	during the hallucination. Did you perceive the situation our thinking?

Coping Strategies:
List any coping techniques you tried to manage the hallucination (e.g., grounding exercises, deep breathing, positive self-talk).
Impact on Daily Life:
Describe how this hallucination affected your daily functioning, such as work, relationships, or activities.
Duration of Distress:
Indicate how long the distress or discomfort associated with the hallucination lasted.
Intensity (Scale 1-10):
Rate the overall intensity of the hallucination and the associated distress on a scale of 1 to 10, with 1 being minimal and 10 being severe.
Hallucination Intensity:
Distress Intensity:
Additional Notes:
Use this space to add any other relevant information or insights related to your hallucination experience.

Therapist's Comments (if applicable):
Healthcare practitioners can provide their observations, insights, or recommendations in this section.
Next Steps:
Based on the information recorded in this diary, discuss potential strategies or adjustments to your treatment plan with your healthcare practitioner.