

# Hallucination Diary PTSD Worksheet

## Client information

Full name:

Date:

## Instructions

This Hallucination Diary is designed to help you track and understand hallucinations related to PTSD. Please use this worksheet daily or as needed to record experiences and emotions associated with hallucinations. Discuss the completed diary with your healthcare practitioner during therapy sessions for better insight and treatment planning.

## I. Hallucination description

Describe the hallucination you experienced, including sensory details (visual, auditory, etc.), duration, and intensity.

Date of hallucination:

Time of hallucination:

## II. Trigger or context

Identify any triggers or situations that may have led to the hallucination.

### III. Emotions and feelings

Note your emotional state before, during, and after the hallucination. Be specific about what you felt.

### IV. Thoughts

Record any thoughts or beliefs you had during the hallucination. Did you perceive the situation accurately, or do you believe there were distortions in your thinking?

### V. Coping strategies

List or discuss in detail any coping techniques and strategies you've tried to manage/combat the hallucination (e.g., grounding exercises, deep breathing, positive self-talk, etc.).

## VI. Impact on daily life

Describe how this hallucination affected/disrupted your daily functioning, such as work, relationships, and activities.

## VII. Duration of distress

Discuss how long the discomfort or distress associated with the hallucination lasted.

## VIII. Intensity scale (1-10)

Rate the overall intensity of the hallucination and the associated on a scale of 1 to 10.

**Hallucination intensity:**

1      2      3      4      5      6      7      8      9      10

**Distress intensity:**

1      2      3      4      5      6      7      8      9      10

## IX. Additional notes

Use this space to add any other relevant information and insights about the hallucination.

## Therapist's comments (to be filled by therapist)

Provide your comments and insights based on what your client wrote on this worksheet.

## Next steps (to be filled by therapist)

Discuss the next steps you'll undertake based on the information and insights gleaned from your client's answers on this worksheet.

## Therapist's information (to be filled by the therapist)

Full name:

Email address:

Contact number:

Signature:

Date signed: