

# Monitoring Your Cravings PTSD Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Therapist: \_\_\_\_\_

**Instructions:** This worksheet is designed to help you monitor and manage cravings associated with PTSD. By tracking your cravings and identifying triggers, you can develop strategies to cope effectively. Please complete this worksheet daily.

## Describe the Craving:

- What type of craving are you experiencing? (e.g., substance use, self-harm)
  
- Rate the intensity of the craving on a scale of 1 to 10 (1 being mild, 10 being severe).

Craving Type: \_\_\_\_\_ Craving Intensity: \_\_\_\_/10

## Trigger Identification:

- What triggered this craving? (e.g., specific situation, thought, emotion)
  
- Was it related to a past traumatic event? If yes, describe.

Trigger(s): \_\_\_\_\_

## Emotional State:

- Describe your emotions at the moment of the craving.
  
- Rate the intensity of these emotions on a scale of 1 to 10 (1 being mild, 10 being severe).

Emotions: \_\_\_\_\_ Emotion Intensity: \_\_\_\_/10

## Coping Strategies:

- List healthy coping strategies you can use when experiencing this craving.
  
- Identify support resources you can reach out to.

**Coping Strategies:**

Support Resources: \_\_\_\_\_

**Record Outcome:**

- After using coping strategies, describe the outcome of the craving.
  
- Rate the craving intensity again after using coping strategies.

Outcome: \_\_\_\_\_ Post-Coping Intensity: \_\_\_\_/10

**Self-Reflection:**

- Reflect on what you've learned from this experience.
  
- What can you do differently next time to manage cravings more effectively?

**Self-Reflection:**

**Weekly Summary:**

- At the end of each week, summarize your craving patterns and progress.
  
- Highlight any significant insights or improvements.

Weekly Summary:

**Additional Notes:**

- Use this space for any additional notes or comments related to your cravings and coping efforts.