

Reclaiming Your Life PTSD Worksheet

Name: _____ Date: _____

Contact Information: _____ Therapist: _____

Instructions:

This worksheet is designed to assist you in your journey towards reclaiming your life after experiencing trauma and living with Post-Traumatic Stress Disorder (PTSD). Please complete the following sections to help us better understand your experiences and needs.

Section 1: Trauma History

Describe the traumatic event(s) you have experienced:

Event 1: _____

Event 2: _____

Event 3: _____

How have these traumatic events impacted your life and well-being?

Section 2: PTSD Symptoms

List the PTSD symptoms you have been experiencing:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Rate the severity of each symptom on a scale from 0 (not at all) to 10 (extremely severe):

- _____
- _____
- _____
- _____
- _____

Section 3: Coping Strategies

What coping strategies have you used to manage your PTSD symptoms?

Are there any coping strategies that have been particularly helpful for you? Please explain.

Section 4: Treatment Goals

7. What are your goals for reclaiming your life and managing your PTSD symptoms?

Section 5: Self-Care Plan

What self-care activities do you currently engage in to support your well-being?

Are there any additional self-care activities you would like to incorporate into your routine?

Section 6: Resources and Support

10. List any resources or support systems you currently have in place (e.g., therapist, support groups, friends, family):

- 1.
- 2.
- 3.

Are there any additional resources or support systems you would like to explore?

Section 7: Progress and Reflection

Signature (Client): _____ Date: _____

Signature (Healthcare Practitioner): _____ Date: _____