






PTSD Symptom Tracker

DATES

MANTRA/AFFIRMATION OF THE WEEK



Making health about people

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
 HOW I SLEPT Through the night <input type="checkbox"/> Hard time falling asleep <input type="checkbox"/> Woke up a lot <input type="checkbox"/> Nightmares <input type="checkbox"/>							
 TRIGGERS What were they?	What were they?	What were they?	What were they?	What were they?	What were they?	What were they?	What were they?
What happened after?	What happened after?	What happened after?	What happened after?	What happened after?	What happened after?	What happened after?	What happened after?
 I EXPERIENCED... Avoidant behaviors <input type="checkbox"/> Flashbacks <input type="checkbox"/> Feelings of being out of control <input type="checkbox"/> Disassociation or feeling like things aren't real <input type="checkbox"/> Self-sabotaging behaviors <input type="checkbox"/> Other <input type="checkbox"/>							
 EMOTIONS I FELT							
 HOW I COPEd							