Post-Traumatic Stress Daily Symptom Chart

Name: _____ **Month:** _____

Instructions: Track the intensity of your key post-traumatic symptoms using the scale on the right for each day of the month. On days with significantly more/less severe symptoms, record key events or relational changes on the back of this page.

Example:

None	Mild	Moderate	Severe
3	3	3	3
2	2	2	2
1	1	1	1

Shade cells

Day of the Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hypervigilance	3																															
	2																															
	1																															
Agitation	3																															
	2																															
	1																															
Trigger Response _____	3																															
	2																															
	1																															
Trigger Response _____	3																															
	2																															
	1																															
Trigger Response _____	3																															
	2																															
	1																															
Flashbacks	3																															
	2																															
	1																															
Nightmares or Sleep Distrubance	3																															
	2																															
	1																															
Avoidance/Isolation	3																															
	2																															
	1																															
Numbing	3																															
	2																															
	1																															
Dissociation	3																															
	2																															
	1																															
Shame	3																															
	2																															
	1																															
Fragmentation	3																															
	2																															
	1																															
Other:	3																															
	2																															
	1																															
Other:	3																															
	2																															
	1																															