Trauma reminder diary

Brief labels only; no traumatic detail. Agree a recording limit with your therapist. Pause if overwhelmed.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

When and how often to record

ENTRY 1 - date / time: _____

Situation / reminder

Meaning or threat

What I did

Effect / support

ENTRY 2 - date / time: _____

Situation / reminder

Meaning or threat

What I did

Effect / support

Pattern noticed / next step

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Using this resource

Trauma reminder diary

What this helps with

Brief monitoring can make experiences easier to discuss without having to remember every episode in a session. Record only enough to identify a possible trigger and what followed. You may use neutral labels or abbreviations. The aim is to understand a pattern, not to make yourself repeatedly inspect memories or sensations. Agree a manageable amount of monitoring with your therapist and review whether it is helping rather than increasing preoccupation.

How to use it

1. Agree when and how briefly to record; a few examples may be enough.
2. Note the situation or possible reminder using a simple label.
3. Describe the meaning or feeling of threat that appeared in the present.
4. Record your response and its effect, including any helpful support.
5. Bring patterns or unanswered questions to therapy; do not analyse every entry alone.

A fictional worked example

Maya could remember feeling unsettled during the week but struggled to explain when it happened. She and her therapist agreed to note up to three examples in a few words. One entry read: "Bus brake sound; felt trapped; got off early; relief, then missed class." Another recorded a similar sound while walking, when she remained with a friend and continued home. Comparing these examples helped them understand the role of feeling unable to leave. Maya did not write the traumatic event again or monitor every bus journey. The notes were a starting point for their conversation, not a daily performance target.

Keep in mind

Stop monitoring if it increases intrusive memories, detachment or persistent repetitive thinking, and discuss this with your therapist. Do not include identifying or graphic details unless needed in a secure therapeutic context. A worksheet does not replace assessment of new physical symptoms or current danger.

Sources and attribution

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. Behaviour Research and Therapy, 38(4), 319-345.

NICE. (2018). Post-traumatic stress disorder (NG116).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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