



# Trigger tracker



## What triggered me?

What happened right before I started to feel overwhelmed, shut down, or out of control?

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Tone of voice     | <input type="checkbox"/> Physical pain            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Being interrupted | <input type="checkbox"/> Reminders of past trauma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Loud sounds       | <input type="checkbox"/> Feedback or criticism    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Feeling ignored   | <input type="checkbox"/> Rejection                | <input type="checkbox"/> Other |



## What did I notice in my body, thoughts, or actions?

<p>Emotions</p>	<p>Body sensations</p>	<p>Actions</p>
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Intensity meter





## What helped me feel a little better?

What coping skill did I use?

- |   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Deep breaths       | <input type="checkbox"/> Time alone | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talking to someone | <input type="checkbox"/> Cold water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Moving my body     | <input type="checkbox"/> Music      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grounding exercise | <input type="checkbox"/> Meditation | <input type="checkbox"/> Other _____ |

What coping skill did I use—or wish I had used?

“How long did it take me to recover?” “Did I get the support I needed?”

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## What I Can Try Next Time

Next time I notice this trigger, I can try...

EXAMPLE: Ask for a break, Name what I'm feeling, text my safety person

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |