

What Are Your Alarm Triggers?

What are some of your triggers or push buttons? What sets you off?

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|--|---|--|
| <input type="checkbox"/> being alone | <input type="checkbox"/> lack of privacy | <input type="checkbox"/> feeling pressured |
| <input type="checkbox"/> feeling lonely | <input type="checkbox"/> darkness | <input type="checkbox"/> not being listened to |
| <input type="checkbox"/> loud noise | <input type="checkbox"/> arguments | <input type="checkbox"/> being let down by someone you trust |
| <input type="checkbox"/> being touched | <input type="checkbox"/> not enough room | <input type="checkbox"/> being in a large group of people |
| <input type="checkbox"/> humor/jokes | <input type="checkbox"/> being stared at | <input type="checkbox"/> being told to be quiet |
| <input type="checkbox"/> being asked questions | <input type="checkbox"/> being around men | <input type="checkbox"/> being around women |
| <input type="checkbox"/> not having control/input | <input type="checkbox"/> being ignored | <input type="checkbox"/> being teased or picked on |
| <input type="checkbox"/> contact with family | <input type="checkbox"/> a threatening look | <input type="checkbox"/> a place where trauma happened |
| <input type="checkbox"/> being asked to keep a secret | <input type="checkbox"/> people yelling | <input type="checkbox"/> having a limit set on your behavior |
| <input type="checkbox"/> going to court | <input type="checkbox"/> seeing police officers | <input type="checkbox"/> talking to police officers |
| <input type="checkbox"/> specific time of day: _____ | <input type="checkbox"/> specific person: _____ | |
| <input type="checkbox"/> Anniversary of a trauma / Time of year: _____ | | |
| <input type="checkbox"/> Other triggers not listed above: _____ | | |

How would other people know that you were upset or having a hard time?

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|---|---|--|---|
| <input type="checkbox"/> sweating | <input type="checkbox"/> red face | <input type="checkbox"/> breathing hard | <input type="checkbox"/> act rude/disrespectful |
| <input type="checkbox"/> heart racing | <input type="checkbox"/> clenched teeth | <input type="checkbox"/> clenched fists | <input type="checkbox"/> poor hygiene |
| <input type="checkbox"/> wringing hands | <input type="checkbox"/> bouncing legs | <input type="checkbox"/> rocking | <input type="checkbox"/> stop following rules |
| <input type="checkbox"/> pacing | <input type="checkbox"/> can't sit still | <input type="checkbox"/> swearing | <input type="checkbox"/> can't pay attention |
| <input type="checkbox"/> loud voice | <input type="checkbox"/> singing inappropriate songs | <input type="checkbox"/> crying | <input type="checkbox"/> hide things |
| <input type="checkbox"/> hiding/wandering | <input type="checkbox"/> silly | <input type="checkbox"/> eat less/more | <input type="checkbox"/> look spaced out |
| <input type="checkbox"/> can't sleep | <input type="checkbox"/> sleep during the day | <input type="checkbox"/> stay away from people | |
| <input type="checkbox"/> argue with peers | <input type="checkbox"/> talk about sex/relationships | <input type="checkbox"/> give stuff away | |
| <input type="checkbox"/> messy room | <input type="checkbox"/> stop taking medications | <input type="checkbox"/> break or throw stuff | |
| <input type="checkbox"/> talk about dying | | | |
| <input type="checkbox"/> Other: _____ | | | |

What helps you to stay in control when you get angry or upset?

<input type="checkbox"/> Drawing/painting/art	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Playing a video game
<input type="checkbox"/> Humor/jokes	<input type="checkbox"/> Writing in journal	<input type="checkbox"/> Calling/talking to someone
<input type="checkbox"/> Molding clay	<input type="checkbox"/> Reading	<input type="checkbox"/> Being with other people
<input type="checkbox"/> Getting exercise/Sports	<input type="checkbox"/> Writing rhymes/poetry	<input type="checkbox"/> Playing cards
<input type="checkbox"/> Tightening/relaxing body	<input type="checkbox"/> Drinking Alcohol	<input type="checkbox"/> Hooking up
<input type="checkbox"/> Smoking cigarette	<input type="checkbox"/> Punching pillow	<input type="checkbox"/> Time out in your bedroom
<input type="checkbox"/> Smoking weed	<input type="checkbox"/> Fighting	<input type="checkbox"/> Dancing
<input type="checkbox"/> Drinking Alcohol	<input type="checkbox"/> Taking a walk	<input type="checkbox"/> Meditating
<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Taking a shower	<input type="checkbox"/> Use a stress ball
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Cold wash cloth on face	<input type="checkbox"/> Screaming into pillow
<input type="checkbox"/> Crying	<input type="checkbox"/> Chewing ice	<input type="checkbox"/> Watching TV/movie
<input type="checkbox"/> Laying down/Nap	<input type="checkbox"/> Counting	
<input type="checkbox"/> Other _____		