

Logging Dissociation Worksheet

Your Full Name: _____ Date Submitted: _____

Instructions: Please write about your experiences with dissociation based on the four columns below. Please be as descriptive as you possibly can.

What happened before you started dissociating? What triggered your dissociation?	What did you feel and think about while you were dissociating?	Were there any bodily changes/ sensations and behavioral changes while you were dissociating?	Did you find ways to cope? If so, how did you cope? (OPTIONAL. YOU CAN WORK WITH YOUR THERAPIST FOR THIS PART)

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