Coping with Auditory Hallucinations Worksheet

Name: _____ Age: _____

Date of session: _____ dd / mm / yyyy Practitioner: _____

IDENTIFYING HALLUCINATIONS

Write down the details of your hallucinations:

Rate the distress caused by these sounds on a scale of 1 to 10.

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

SENSORY GROUNDING

List three things you can sense right now in each of the following categories.

See:

Hear:

Smell:

Taste:

DIFFERENTIATION

Describe how these real sensations differ from the hallucination:

COPING STRATEGIES

Engaging in an activity can distract you from the hallucinations. List 3 activities you can do to distract yourself.

Check with someone you trust if they can hear the same sounds.

Practice deep breathing, meditation, or other relaxation techniques that can reduce anxiety and stress.

SEEKING SUPPORT

Who can you reach out to for support when you experience auditory hallucinations? List names and contact details for supportive friends, family, or mental health professionals

1. Name: _____ Relationship: _____

Contact: _____ 2. Name: _____

Relationship: _____ Contact: _____

3. Name: _____ Relationship: _____

Contact: _____ 4. Name: _____

Relationship: _____ Contact: _____

5. Name: _____ Relationship: _____

Contact: _____

PRACTITIONER CONTACT INFORMATION

Name: _____

Signature:

License number: _____ Contact number: _____

Email: _____ Healthcare practice name: _____