

Thought Record worksheet for Cognitive Behavioural Therapy **Date:**

Situation (Where were you, what were you doing, who were you with and when did this situation occur?)

Emotion(s) or feeling(s) (Emotions can be described with single words, ie. angry, sad, scared. Rate the intensity of each, 0-100%.)

Negative automatic thought (What thoughts, memories or images were going through your mind when you started to feel this way?)

Evidence that supports the thought (What facts support the truthfulness of these thoughts or images?)

Evidence that does not support the thought (What experiences indicate that this thought is not completely true all of the time? If your best friend had this thought what would you tell them? Are there any experiences which contradict this thought? Could I be jumping to conclusions?)

Alternative thought (Write a new thought which takes into account the evidence both for and against the original automatic thought.)

Emotion(s) or feeling(s) (How do you feel about the situation now? Rate the intensity of each, 0-100%.)