

# Managing Negative Behavior

worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

What were you doing at the time of the thought?

01

What were your other thoughts at the time?

02

How much did you believe the negative thought on a scale of 1-5? Why?

03

How did it make you feel?

04

What evidence do you have that this thought is true?

05

What healthy thought can you replace this negative one with?

06