

Thought Record – 7 Columns

Trigger Situation	Emotion(s) (0 – 10) Physical Symptoms	Negative Thoughts/Images	Evidence to Support Negative Thoughts	Evidence Against Negative Thoughts	Alternative Perspective	Result Re-rate emotion (0 - 10)
Describe what was going on, where you were, when it happened, who you were with?	Describe what you felt at that time. How intense was the emotion? Describe your physical reactions.	Describe what you were thinking or what bothered you. What did those thoughts mean to you? What is the worst that can happen?	What is the evidence to support your negative thought?	What are the facts? Is this really a fact or opinion? What is the evidence of this fact? What have others said about this?	Consider another way of looking at this situation. What advice would you give to someone else in this situation? Is the problem really as important as it seems? .	What are you feeling now? What could you do differently?