

Obsessions and Compulsions – Thought Record Sheet

Trigger Situation	Emotion(s) (0 – 10) Physical Symptoms	Automatic Thoughts, Images, Doubts, and Worries	Alternative/Balanced Response	What did I do?	Result Re-rate your emotion
<p>Describe what was going on, where you were, when it happened, who you were with.</p>	<p>Describe what you felt at the time.</p> <p>How intense was my feeling?</p> <p>Describe what you felt in your body.</p>	<p>Describe thoughts and images that bothered you and what they mean.</p> <p>What are you responding to?</p> <p>What's the worst thing that could happen?</p>	<p>Look at the bigger picture. Consider another perspective.</p> <p>How important was the issue really?</p> <p>Was your reaction in proportion with the actual event?</p>	<p>What did you feel like doing but didn't do?</p> <p>Did you use a coping strategy?</p>	<p>Described what helped or would have helped?</p> <p>Act wisely. Considering your goals and values.</p> <p>Consider the consequences.</p>