

# Thought Record

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| Identify a thought you have that may be distorted or maladaptive.   |  |
| In what situation do you tend to have this thought? Who? What? Where? When?   |  |
| What emotions are present with this thought and how intense are they? (Score 0-10)  |  |
| Do any physical symptoms accompany this thought? (i.e. increased heart rate)  |  |
| How strongly do you believe this thought? (Score 0-10)  |  |
| Evidence Supporting Thought   |  |
| Evidence NOT Supporting Thought   |  |
| Based on the evidence, what would be an alternative or more balanced thought?   |  |
| Outcome: After reflecting, how much do you believe the old thought? (0-10)<br>Have your emotions or their intensity changed? (0-10)<br>What struck you most in the process of reflecting on this thought? |  |