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| Clinician ID (4-digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant ID (3-digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Check One when retaining on file:  \_\_Completed in session  \_\_Practice assignment, reviewed in session  \_\_Practice assignment, not reviewed | Who wrote on this worksheet?  \_\_Clinician  \_\_Participant  \_\_Clinician and participant together |

**ABC Form**

**EVENT Thought Feeling**

**A B C**

“Something happens”“I tell myself something”“I feel something”



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