**Thought Record**

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| --- | --- | --- | --- | --- |
| **Situation – where were you – and what was going on – when you got upset?** | **Emotions What emotions (sad, anxious, angry, etc.) did you feel? Rate the intensity of each (0-100%)** | **Automatic Thoughts What thoughts and/or images went through your mind?** **Rate your beliefs to each (0-100%)** | **Examining Your Thinking****Rate your belief in each (0-100%)**  | **Outcome****Write your new thought and/or circle your most helpful responses in the column to the left. Rerate your beliefs in your automatic thoughts (0-100%) and the intensity of your emotions (0-100%).**  |
|  |  |  | **Evidence:*****For*:*****Against*:****Thinking patterns (see below for list of thinking patterns):****Alternative Explanations?****What would I tell a friend in this situation?** |  |

Optional, consider if relevant: **What are the implications if the thought is true? What’s the most upsetting thing about it? What’s the most realistic view? What can I do about it?**

**Possible Thinking Patterns: All-or-nothing Thinking; Overgeneralizing; Discounting the Positives; Jumping to Conclusions; Mind-reading; Fortune-telling; Magnifying/Minimizing; Emotional Reasoning; Making “Should” Statements; Labeling; Inappropriate Blaming.**