

Thought Record Sheet

Date _____

Trigger/ Situation

What happened?
where? Who with?
How?

Feelings Emotions + body sensations

What emotions did
you feel? How
intense was it? What
did I notice in my
body?

Unhelpful Thoughts / Images

What went through
my mind? What
button is pressing for
me? What were the
images memories?

Facts that support the negative thoughts

What are the facts?
What evidence do I
have that the
unhelpful thoughts
are true?

Facts that provide evidence against the thought

What are the facts
do I have that are
NOT totally true? It is
opinion? What have
others said?

Alternative, more realistic and balanced perspective

STOP What would
your most trusted friend
tell you to do? What
advice would you
give someone else?

Outcome Re-rate emotion

How are you feeling
now? What could I
do differently? What
will be most helpful
for me?