

CBT Thought Record

This worksheet will help you keep track of your intrusive thoughts.

Situation

Where were you? What were you doing?

Emotion or Feeling

Rate strength of feelings from 1-10

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Low

High

Negative Automatic Thought

What thought or image went through your mind?

Evidence that Supports the Thought

What makes you believe the thought is true?

Evidence that does Not Support the Thought

What makes you believe the thought is false?

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Alternative Thought

Weighing up the evidence for & against, what do you believe now?

Emotion or Feeling

Rate strength of feelings from 1-10

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Low

High