

Thought Record Worksheet



CATCH IT

1. What is the situation?
2. What am I thinking or imagining?
3. How much do I believe it? (*a little, medium, or a lot*)
4. How does that thought make me feel? (*e.g., angry, sad, nervous, etc.*)
5. How strong is the feeling on a scale of 0-100%?



CHECK IT

6. What makes me think the thought is true?
7. What makes me think the thought is not completely true?
8. What's the worst that could happen?
9. What's the best that could happen?
10. What will probably happen?



CHANGE IT

11. What will happen if I keep telling myself the same thought?
12. What could happen if I changed my thinking?
13. What would I tell my friend _____ if this happened to them?
14. What's another way of thinking about this?
15. How do I feel now? Rerate the intensity on a scale of 0-100%.