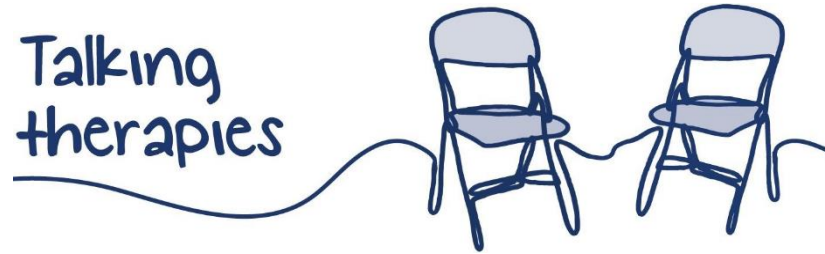




Talking
therapies



Client Reference:

Date:

Thought Record

Situation Who? What? When? Where?	Feelings Rate each feeling (0 – 100) Circle 'hot' feeling	Irrational thoughts and/or images What was going through your mind? Circle the hot thought	Evidence that supports the hot thought	Evidence that does not support the hot thought	Alternative balanced Thought How much do you believe the rational thought? (0-100)	Feelings now Re-rate feelings listed in Col. 2 as well as any new ones (0-100)
ACTION PLAN						