Thought Record

Slow a stressful thought down and look at it from more than one side.

BREEZE WITHIN
EXPLORE · UNDERSTAND · GROW

Name: _____ Date: _____

1. SITUATION (WHERE WAS I? WHAT WAS HAPPENING?)

2. EMOTION (ONE WORD)

HOW STRONG WAS IT? 0 TO 100

3. AUTOMATIC THOUGHT (WHAT WENT THROUGH MY MIND?)

4. EVIDENCE FOR THE THOUGHT

5. EVIDENCE AGAINST THE THOUGHT

6. A MORE BALANCED THOUGHT (A FAIR STATEMENT THAT FITS ALL THE EVIDENCE)

7. HOW STRONG IS THE EMOTION NOW? 0 TO 100

Educational use only. Not therapy, diagnosis or medical advice. In a crisis call or text 988. Immediate danger: call 911.