

DYSFUNCTIONAL THOUGHT RECORD

| Date /time | Situation | Automatic Thoughts(s) | Emotion(s) | Adaptive Response | Outcome |
|------------|---|---|--|---|--|
| | <ol style="list-style-type: none"> 1. What actual event or stream of thoughts, or daydreams or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have? | <ol style="list-style-type: none"> 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time? | <ol style="list-style-type: none"> 1. What emotion(s) (sad/anxious/angry/ etc.) did you feel at the time? 2. How intense (0-100%) was the emotion? | <ol style="list-style-type: none"> 1. (optional) What cognitive distortion did you make? 2. Use questions at the bottom to compose a response to the automatic thought(s). 3. How much do you believe each response? | <ol style="list-style-type: none"> 1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do (or did you do)? |
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Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of my changing my thinking? (5) What should I do about it? (6) If _____ {friend's name} was in the situation and had this thought, what would I tell him/her?