Thought Record

Name: _____ Date: _____

Instructions: ***Use this worksheet when you notice a strong emotional reaction. Fill in each section below, working from top to bottom. There are no right or wrong answers — only your honest experience.***

Situation — What happened? Where were you, who was there, what was going on?
Emotion(s) & Intensity — Name the feeling(s) and rate each from 0–100%
Automatic Thought — What exact thought or image went through your mind?

Evidence Supporting This Thought — What facts make this thought seem true?
Evidence Against This Thought — What facts don't fit, or point another way?
Balanced Thought — Taking both sides into account, what's a more complete way to see this?

Emotion Intensity Now (0–100%)