Thought Record

Name:

Date:

<b>Situation</b> Time, Place, People, Situation	Emotion What emotions did you feel, and rate each emotion (0-100)	Automatic Thoughts What thoughts were you experiencing? Identify Hot Thought	Evidence that Supports the Hot Thought	Evidence that Does Not Support the Hot Thought	Alternative Thoughts  Taking into  consideration all  evidence available	Rate Emotion Again What emotions did you feel, and rate each emotion (0-100)