

Cognitive Behavioral Therapy (CBT) Journal





THOUGHT RECORD



SITUATION: WHAT HAPPENED?



DESCRIBE THE EVENT, TRIGGER, OR SITUATION:



DATE & TIME: _____



LOCATION: _____



AUTOMATIC THOUGHTS & EMOTIONS

◆ WHAT THOUGHTS IMMEDIATELY CAME TO MIND?



WHAT EMOTIONS DID I FEEL? (RATE INTENSITY 0-10)



Sad ____/10



Angry ____/10



Anxious ____/10



Guilty ____/10



Other: _____/10

◆ EVIDENCE SUPPORTING THIS THOUGHT:

◆ EVIDENCE AGAINST THIS THOUGHT:



ALTERNATIVE, BALANCED THOUGHTS

◆ IS THERE ANOTHER WAY TO LOOK AT THIS?

◆ WHAT WOULD I TELL A FRIEND IN THIS SITUATION?

COGNITIVE DISTORTIONS WORKSHEET

IDENTIFY THE DISTORTION

- ☒ ALL-OR-NOTHING THINKING
- ☒ CATASTROPHIZING
- ☒ OVERGENERALIZATION
- ☒ MIND READING
- ☒ FORTUNE TELLING
- ☒ EMOTIONAL REASONING
- ☒ PERSONALIZATION
- ☒ LABELING

PERSONAL EXAMPLE OF A DISTORTED THOUGHT

◆ WHAT WAS THE SITUATION?

◆ WHAT WAS MY AUTOMATIC THOUGHT?

◆ WHICH DISTORTION(S) DOES THIS THOUGHT FIT INTO?

REFRAMING THE THOUGHT

◆ WHAT EVIDENCE SUPPORTS THIS THOUGHT?

◆ WHAT EVIDENCE CONTRADICTS THIS THOUGHT?

◆ WHAT IS A MORE BALANCED OR REALISTIC PERSPECTIVE?

◆ HOW DO I FEEL AFTER REFRAMING THIS THOUGHT?



MOOD & EMOTION TRACKER



DATE & TIME



DATE: _____



TIME: _____



MOOD CHECK-IN

HOW ARE YOU FEELING RIGHT NOW?



HAPPY



CONTENT



CALM



CONFLICTED



SAD



ANGRY



ANXIOUS



FRUSTRATED



TIRED



GRATEFUL



MOTIVATED

OTHER: _____



TRIGGERS & INFLUENCES



WORK/SCHOOL STRESS



RELATIONSHIPS



HEALTH & ENERGY LEVELS



SLEEP QUALITY



SOCIAL INTERACTION



WEATHER



PERSONAL ACHIEVEMENTS



NEGATIVE THOUGHTS



OTHER: _____



COPING STRATEGIES USED



DEEP BREATHING / MEDITATION



JOURNALING



TALKING TO SOMEONE



PHYSICAL ACTIVITY / EXERCISE



LISTENING TO MUSIC



SELF-CARE ACTIVITY



REFRAMING NEGATIVE THOUGHTS



LETTING MYSELF FEEL THE EMOTION



OTHER: _____



REFLECTIONS & TAKEAWAYS



BEHAVIORAL ACTIVATION PLAN



ACTIVITIES THAT BRING JOY & PURPOSE

1. _____
2. _____
3. _____



ACTION PLAN: STEPS TO TAKE

WHAT ACTIVITY WILL I DO TODAY?

WHERE AND WHEN WILL I DO IT?



DATE & TIME: _____



LOCATION: _____

WHAT MIGHT GET IN THE WAY, AND HOW WILL I HANDLE IT?



MOOD CHECK-IN: BEFORE VS. AFTER



BEFORE ACTIVITY

Mood: (1 = very low, 10 = very high) _____ / 10

Thoughts/Emotions: _____



BEFORE ACTIVITY

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EXPOSURE & RESPONSE PREVENTION LOG

FEAR OR AVOIDED SITUATION

◆ WHAT FEAR, SITUATION, OR TRIGGER AM I WORKING ON?

◆ WHY DO I WANT TO FACE THIS FEAR?

EXPOSURE PLAN & SMALL STEPS


STEP 1: _____

STEP 2: _____

STEP 3: _____

STEP 4: _____

WHAT IS MY EXPECTED ANXIETY LEVEL FOR EACH STEP?

 (1 = VERY LOW, 10 = EXTREME ANXIETY)

STEP 1: ____ / 10 | STEP 2: ____ / 10 | STEP 3: ____ / 10 | STEP 4: ____ / 10

RESULTS & PROGRESS REFLECTIONS

◆ HOW DID I FEEL DURING AND AFTER EXPOSURE?

◆ WHAT SURPRISED ME

◆ HOW DID MY ANXIETY CHANGE OVER TIME?

◆ WHAT WILL I DO DIFFERENTLY NEXT TIME?

SELF-TALK CHALLENGE

NEGATIVE SELF-TALK EXAMPLE

◆ WHAT IS A CRITICAL OR UNHELPFUL THOUGHT I HAD ABOUT MYSELF?

◆ HOW DID IT MAKE ME FEEL? (E.G., SAD, ANXIOUS, FRUSTRATED)

EVIDENCE AGAINST IT

IS THIS THOUGHT 100% TRUE? WHAT FACTS OR EXPERIENCES PROVE OTHERWISE?

WOULD I SAY THIS TO A FRIEND IN THE SAME SITUATION?

WHAT PAST SUCCESSES OR STRENGTHS CONTRADICT THIS THOUGHT?

A KIND, REALISTIC REPLACEMENT THOUGHT

HOW CAN I REFRAME THIS THOUGHT IN A BALANCED, SUPPORTIVE WAY?

WHAT WOULD I SAY TO ENCOURAGE A FRIEND IN MY SITUATION?

HOW DOES THIS NEW THOUGHT MAKE ME FEEL?

NOTES

CORE BELIEFS EVALUATION

CORE BELIEF ABOUT MYSELF

WHAT IS A FUNDAMENTAL BELIEF I HOLD ABOUT MYSELF?

WHERE DO I THINK THIS BELIEF CAME FROM?

HOW IT AFFECTS MY THOUGHTS & ACTIONS

HOW DOES THIS BELIEF SHAPE MY DAILY THOUGHTS?

HOW DOES IT INFLUENCE MY EMOTIONS AND BEHAVIORS?

WHAT ARE SOME PAST SITUATIONS WHERE THIS BELIEF HELD ME BACK?

A HEALTHIER BELIEF TO ADOPT

WHAT IS A MORE BALANCED, POSITIVE BELIEF I CAN REPLACE IT WITH?

WHAT EVIDENCE SUPPORTS THIS NEW BELIEF?

WHAT SMALL ACTIONS CAN I TAKE TO REINFORCE THIS BELIEF IN DAILY LIFE?

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PROBLEM-SOLVING WORKSHEET



THE PROBLEM I'M FACING

CLEARLY DEFINE THE ISSUE:

HOW DOES THIS PROBLEM AFFECT ME EMOTIONALLY, MENTALLY, OR PHYSICALLY?

WHAT THOUGHTS OR BELIEFS DO I HAVE ABOUT THIS PROBLEM?



POSSIBLE SOLUTIONS

1. _____
2. _____
3. _____



THE BEST SOLUTION & NEXT STEPS

WHAT ACTIVITY WILL I DO TODAY?

WHAT SPECIFIC STEPS WILL I TAKE?

1. _____
2. _____
3. _____

WHEN WILL I TAKE THESE STEPS?

HOW WILL I KNOW IF THIS SOLUTION IS WORKING?

RELAXATION & COPING STRATEGIES

GO-TO RELAXATION METHODS

- ☒ DEEP BREATHING EXERCISES
- ☒ PROGRESSIVE MUSCLE RELAXATION
- ☒ MINDFULNESS MEDITATION
- ☒ GROUNDING TECHNIQUES
- ☒ JOURNALING THOUGHTS & FEELINGS
- ☒ LISTENING TO CALMING MUSIC OR NATURE SOUNDS
- ☒ ENGAGING IN A CREATIVE HOBBY
- ☒ PHYSICAL ACTIVITY
- ☒ AROMATHERAPY OR SOOTHING SCENTS
- ☒ OTHER: _____

WHAT WORKS BEST FOR ME?

WHICH TECHNIQUES HAVE BEEN MOST EFFECTIVE IN REDUCING STRESS OR ANXIETY?

WHEN DO I FIND THESE STRATEGIES MOST HELPFUL?

ARE THERE ANY NEW TECHNIQUES I'D LIKE TO TRY?

NOTES



WEEKLY REFLECTION & PROGRESS REVIEW

✓ WHAT WENT WELL THIS WEEK?

A MINDSET SHIFT I NOTICED: _____

A SITUATION I HANDLED BETTER THAN BEFORE: _____

A SMALL (OR BIG!) WIN I'M PROUD OF: _____

⚡ A CHALLENGING MOMENT & HOW I HANDLED IT

WHAT HAPPENED? _____

WHAT THOUGHTS OR EMOTIONS CAME UP? _____

HOW DID I COPE OR PROBLEM-SOLVE? _____

WHAT DID I LEARN FROM THIS EXPERIENCE? _____

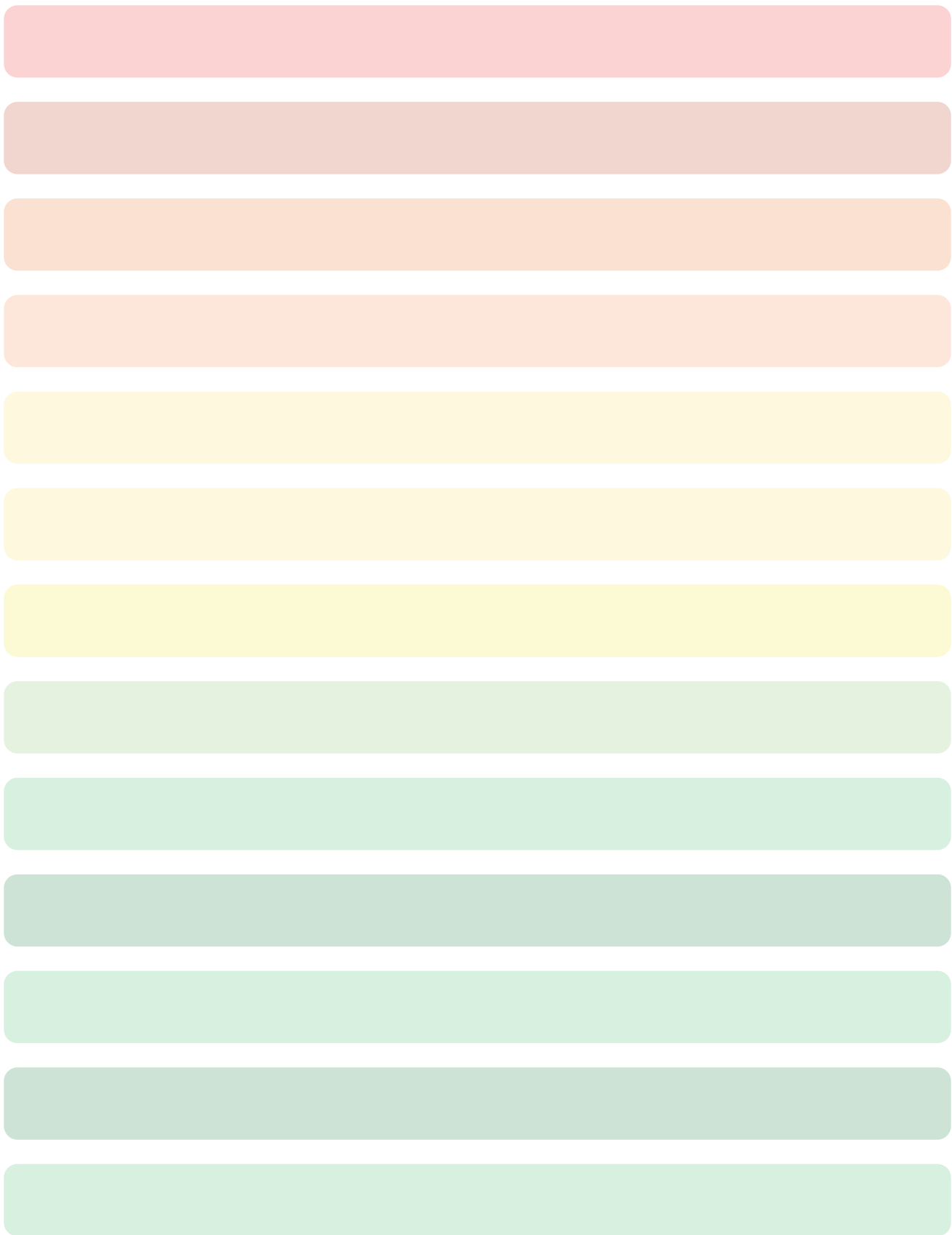
🔧 NEW STRATEGIES TO TRY NEXT WEEK

A COPING STRATEGY I WANT TO PRACTICE: _____

A THOUGHT PATTERN I WANT TO CHALLENGE: _____

ONE SMALL GOAL TO FOCUS ON NEXT WEEK: _____

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BEHAVIORAL ACTIVATION PLAN



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