New Day Psychology Thought Record Sheet Name:

| Name: | | | Thought Record Sheet | | Date: |
|--|---|------------------------------------|--|---|--|
| Situation | Emotions / Moods (rate 0 – 100%) | Physical sensations & reactions | Unhelpful Thoughts / Images | Alternative / realistic thought More balanced perspective | What I did / What I could do / Defusion technique / What's the best response? Re-rate Emotion 0-100% |
| | (rate 0 – 100%) | reactions | | | Re-rate Emotion 0-100% |
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| | | | | STOPP! Take a breath Is this fact or opinion? What would someone else say about this situation? What's the bigger picture? | |
| | | | What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? | Is there another way of seeing it? Am I personalising what happened? How important is this? How important will | What will the consequences of my action be? Will I have any regrets later? |
| | | What did I notice in my body? | What am I responding to? What 'button' is this pressing for me? What would be the worst thing about | this be in 6 months time? Is my reaction in proportion to the actual event? | Do what works! Act wisely. |
| What happened? Where? When? Who with? How? | What emotion did I feel at that time? What else? How intense was it? | What would others notice about me? | that, or that could happen? Do I think I'm being treated unfairly? Am I thinking that I won't stand for it and I must do something about it? | What do I want from this situation? Is that reasonable for everyone? What advice would I give someone else in this situation? | What will be most helpful for me, for others, or the situation? What could I do differently? What would be more effective? |