

Thought Record Template

Date: _____

1. Situation:

Describe the event or moment that triggered your anxious thought.

2. Emotions felt:

List the emotions you experienced and rate their intensity (0-100%).

- Emotion 1: _____ Intensity: _____%
- Emotion 2: _____ Intensity: _____%
- Emotion 3: _____ Intensity: _____%

3. Automatic thought(s):

Write down the anxious or negative thought(s) that came to mind.

4. Evidence that supports this thought:

List facts or observations that seem to confirm the thought.

5. Evidence that challenges this thought:

List facts or observations that dispute or weaken the thought.

6. Alternative/balanced thought:

Create a more balanced, realistic, or compassionate thought.

7. Outcome:

How do you feel now? Rate the intensity of your original emotions again (0-100%).

- Emotion 1: _____ Intensity: _____%
- Emotion 2: _____ Intensity: _____%
- Emotion 3: _____ Intensity: _____%

8. Action plan / Next steps:

What can you do to cope with this thought or situation going forward?

tangofresh.co.ke