

7-Column Thought Record

Name: _____

Date: _____

Physician's Name: _____

<p>Situation/Trigger</p> <p>What happened? Where? When? Who with? How did it happen?</p>	<p>Feelings/Body Sensations</p> <p>Rate your emotions from 0 to 100. What did I feel during that time? How intense were the emotions? What did I notice and feel in my body?</p>	<p>Unhelpful Thoughts/Images</p> <p>What went through my mind, and which of them disturbed me? What did they mean/say about me or the situation? What am I responding to?</p>	<p>Facts Supporting Unhelpful Thoughts</p>	<p>Facts Opposing Unhelpful Thoughts</p>	<p>Alternative Thoughts</p> <p>What would someone else say about this situation? What advice would I give someone else? Is there another way of seeing it? Is my reaction proportional to the actual event?</p>	<p>Outcome</p> <p>Re-rate your emotions from 0-100.</p> <p>What could I do differently? What would be more effective? What will be more helpful to me/situation? What are the consequences of doing these?</p>

Reference: Carol Vivyan, adapted from Padesky 1995.