

Comprehensive Automatic Thought Record Sheet

Patient Name: _____

Date: _____

	Response
<p>Situation/Trigger:</p> <p><i>[Describe in detail what happened. Where? When? Who with? How?]</i></p>	
<p>Feelings (Rate 0 – 100%):</p> <p><i>[Identify the emotions experienced and rate their intensity on a scale of 0 to 100%]</i></p>	
<p>Body Sensations:</p> <p><i>[Identify physical sensations and where they were felt]</i></p>	
<p>Unhelpful Thoughts/Images:</p> <p><i>[What went through the mind? What disturbed? What did those thoughts/images/memories mean about oneself or the situation?]</i></p>	
<p>Facts Supporting the Unhelpful Thought:</p> <p><i>[What facts exist that support the unhelpful thoughts?]</i></p>	
<p>Facts Against the Unhelpful Thought:</p> <p><i>[What facts exist that contradict the unhelpful thoughts? Are the thoughts based on opinion rather than fact?]</i></p>	

Alternative, More Realistic/Balanced Perspective:

[Is there another way of seeing the situation? What advice would be given to someone else in the same situation? What's the bigger picture? Is the reaction in proportion to the event? Is it really as important as it seems?]

Outcome (Re-rate Emotion 0 - 100%):

[Re-rate the intensity of the feelings now. What could be done differently next time? What would be more effective? Act wisely, considering what will be most helpful for oneself and the situation. Evaluate potential consequences.]

This automatic thought record facilitates and allows for cognitive restructuring. It should be used under the guidance and supervision of a mental health professional.