

# CBT Therapy Worksheet

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Situation	Thoughts	Feelings	Evidence	Counter-evidence	Perspective
What was the situation?	What was going on in my mind?	What did you feel during the situation?	Evidence supporting this thought	Evidence against this thought	A new and more balanced perspective