

EMDR Negative Cognitions List

First Name	Last Name	Date of Birth	Patient Identifier
<p>RESPONSIBILITY/ I AM SOMETHING "WRONG"</p> <ul style="list-style-type: none"> <input type="radio"/> I am different (don't belong). <input type="radio"/> I am a bad person. <input type="radio"/> I do not deserve... <input type="radio"/> I am shameful. <input type="radio"/> I am terrible. <input type="radio"/> I deserve only bad things. <input type="radio"/> I deserve to die. <input type="radio"/> I don't deserve love. <input type="radio"/> I am worthless (inadequate). <input type="radio"/> I am stupid (not smart enough). <input type="radio"/> I am ugly (my body is hateful). <input type="radio"/> I am insignificant (unimportant). <input type="radio"/> I deserve to be miserable. <input type="radio"/> I'm not lovable. <input type="radio"/> I'm not good enough. <input type="radio"/> I'm permanently damaged. <input type="radio"/> I am a disappointment. <p>RESPONSIBILITY/ I DID SOMETHING "WRONG"</p> <ul style="list-style-type: none"> <input type="radio"/> I should have done something. <input type="radio"/> I should have known better. <input type="radio"/> I did something wrong. <p>SAFETY/VULNERABILITY</p> <ul style="list-style-type: none"> <input type="radio"/> I cannot be trusted. <input type="radio"/> I cannot trust my judgment. <input type="radio"/> I am in danger. <input type="radio"/> It's not okay to feel (show) my emotions. <input type="radio"/> I cannot trust anyone. <input type="radio"/> I cannot protect myself. <input type="radio"/> I cannot stand up for myself. <input type="radio"/> I cannot let it out. <input type="radio"/> I cannot trust myself. <p>CONTROL/CHOICE</p> <ul style="list-style-type: none"> <input type="radio"/> I am not in control. <input type="radio"/> I have to be perfect (please everyone). <input type="radio"/> I cannot stand it. <input type="radio"/> I am powerless (helpless). <input type="radio"/> I cannot trust anyone. <input type="radio"/> I am a failure (will fail). <input type="radio"/> I cannot succeed. <input type="radio"/> I am weak. <input type="radio"/> I cannot get what I want. <input type="radio"/> I am inadequate. 		<p>Additional Note:</p>	
Clinician Name	Clinician Designation	Clinician Signature 	Date