

EMDR Negative Cognitions List

Patient information			
First name:	Last name:	Date of birth:	Patient identifier:
Responsibility / I am something "wrong"		Responsibility / I did something "wrong"	
<input type="checkbox"/> I am different (don't belong). <input type="checkbox"/> I am a bad person. <input type="checkbox"/> I do not deserve... <input type="checkbox"/> I am shameful. <input type="checkbox"/> I am terrible. <input type="checkbox"/> I deserve only bad things. <input type="checkbox"/> I deserve to die. <input type="checkbox"/> I don't deserve love. <input type="checkbox"/> I am worthless (inadequate). <input type="checkbox"/> I am stupid (not smart enough). <input type="checkbox"/> I am ugly (my body is hateful). <input type="checkbox"/> I am insignificant (unimportant). <input type="checkbox"/> I deserve to be miserable. <input type="checkbox"/> I'm not lovable. <input type="checkbox"/> I'm not good enough. <input type="checkbox"/> I'm permanently damaged. <input type="checkbox"/> I am a disappointment.		<input type="checkbox"/> I should have done something. <input type="checkbox"/> I should have known better. <input type="checkbox"/> I did something wrong.	
		Safety / Vulnerability	
		<input type="checkbox"/> I cannot be trusted. <input type="checkbox"/> I cannot trust my judgment. <input type="checkbox"/> I am in danger. <input type="checkbox"/> It's not okay to feel (show) my emotions. <input type="checkbox"/> I cannot trust anyone. <input type="checkbox"/> I cannot protect myself. <input type="checkbox"/> I cannot stand up for myself. <input type="checkbox"/> I cannot let it out. <input type="checkbox"/> I cannot trust myself.	
Control / Choice			
<input type="checkbox"/> I am not in control. <input type="checkbox"/> I have to be perfect (please everyone). <input type="checkbox"/> I cannot stand it.		<input type="checkbox"/> I am powerless (helpless). <input type="checkbox"/> I cannot trust anyone. <input type="checkbox"/> I am a failure (will fail). <input type="checkbox"/> I cannot succeed.	
		<input type="checkbox"/> I am weak. <input type="checkbox"/> I cannot get what I want. <input type="checkbox"/> I am inadequate.	
Additional notes			
Clinician signature:	Clinician name:	Date:	