

Thoughts and Behaviors Journal

Patient's full name:

Date range: _____ to _____

Therapist's full name:

Situation/Problem	Thoughts & Emotions	Behaviors & Actions
<p><i>Please indicate a certain problem or a situation that you found to be distressing, no matter how trivial.</i></p> <p><i>Please be as descriptive as possible.</i></p>	<p><i>When this problem or situation occurred, what went through your mind and how did you feel about it?</i></p> <p><i>Think in terms of while you were going through the problem/situation, and then after.</i></p> <p><i>Please be as descriptive as possible.</i></p>	<p><i>How did you behave in response to the problem/situation?</i></p> <p><i>What did you do in response to the problem/situation?</i></p> <p><i>Please be as descriptive as possible.</i></p>

