

FORM-7
ASFAQ HUSSAIN COUNSELING SERVICE
THOUGHT RECORD SHEET

SITUATION / TRIGGER	DISTURBING THOUGHTS / IMAGES	FEELING/ EMOTION / BODY- SENSATION (RATE EACH ON 0 TO 100 SCALE)	ALTERNATIVE, MORE REALISTIC AND BALANCED THOUGHTS / IMAGES	WHAT I DID / WHAT I COULD DO / WHAT'S THE BEST RESPONSE? RE-RATE EMOTION

<i>HINT</i>	<i>HINT</i>	<i>HINT</i>	<i>HINT</i>	<i>HINT</i>
<p><i>What happened? Where? When? Who with? How?</i></p>	<p><i>What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing about that, or that could Happen?</i></p>	<p><i>What emotion did I Feel at that time? What else? How intense was it? What did I notice in my body? Where did I feel it?</i></p>	<p><i>What would someone else say about this situation? What's the bigger picture? Is there another way of seeing it? What advice would I give someone else? Is my reaction in proportion to the actual event? Is this really as important as it seems?</i></p>	<p><i>What could I do differently? What would be more effective? Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?</i></p>

Rating Scale



No or minimal disturbance

Moderate

Severe disturbance

Worst ever