

Daily Automatic Thought Record

Name: _____

Date:	Situation: What were you doing?	Emotion: What do you feel? How bad is it? (0-100)	Automatic Thoughts: What exactly were your thoughts? How much do you believe each of them? (0-100)	Rational Response: What are the rational responses to your automatic thoughts? How much do you believe your rational responses? (0-100)	Outcome: How much do you now believe the automatic thoughts? (0-100) How do you feel now? (0-100) What can you do now?

- * Rational Response: Challenge Your Thinking:
1. What is my evidence against the thought?
 2. Is there any other way to look/think about this?
 3. Even if it is true, is it the end of the world?

Pre-anxiety Level (0-5) _____
 Relaxation Location _____
 Post-anxiety Level (0-5) _____