

Imagery Form

Record information about the image in the spaces provided. Include specific details in order to help create the scene.

Place: *Where do you want to be? (e.g., beach, forest)*

Vision: *What do you see? (e.g., trees, grass, sun, people, animals)*

Smell: *What do you smell? (e.g., ocean, pine, flowers)*

Sounds: *What do you hear? (e.g., birds, sticks cracking, waves)*

Touch: *What do you feel? (e.g., cool breeze, warm sun, water)*

Taste: *What can you taste? (e.g., salty air, sweet berries, cool water)*

Other:

Thought Record

Time and Situation

Automatic thoughts (what was going through your head?)

Mood and intensity of mood (0-100)

Cognitive distortions (match thoughts from list)

Rational response

Restructuring Thoughts Worksheet

Situation

Describe the event that led to the unpleasant emotion.

Emotion

Specify sad, angry, etc., and rate the emotion from 0% to 100%.

Thought

Write the thought that preceded the emotion.

Evidence For

What is the evidence that this thought is true?

Restructuring Thoughts Worksheet

Evidence Against

What is the evidence that the thought is false?

Positive Coping Thought

What else can I say to myself instead of the automatic thought?

Emotion

Re-rate the emotion from 0% to 100%.

Behavioral Goals for the Week

Goal #1

Goal #2

Goal #3

Goal #4

Goal #5
