Name:_____ Date:_____

TESTING YOUR THOUGHTS

This worksheet is an easier version of the Dysfunctional Thought Record and should be used in place of, not in addition to, the DTR, for certain clients, such as adolescents.

- What is the situation?_____
- What am I thinking or imagining?_____
  _____
- How does that make me feel? mad sad nervous other:_____
- What makes me think the thought is true?_____
  _____
- What makes me think the thought is not true or not completely true?_____
  _____
  _____
- What's another way to look at this?_____
  _____
  _____
- What's the worst that could happen? What could I do then?_____
  _____
  _____
- What's the best that could happen?_____
  _____
- What will probably happen?_____
  _____
- What could happen if I changed my thinking?_____
  _____
- What would I tell my friend [think of a specific person]_____ if this happened to him or her?_____
  _____
  _____
- What should I do now?_____

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