

NAME: _____

DATE: _____

SITUATION (DESCRIBE WHAT HAPPENED):

I FELT MOSTLY:

BUT ALSO A LITTLE:

(FEELING IDEAS: MAD, NERVOUS, WORRIED, CONTENT, LONELY, TIRED, BORED, GUILTY, HAPPY, ECSTATIC, EMBARRASSED, SAD, ANNOYED, STRESSED, DISAPPOINTED, JOYFUL, ANXIOUS, FRUSTRATED + MANY MORE)

*What I thought
to myself
(automatic
thoughts)*



WHAT I DID (MY ACTIONS/BEHAVIORS):

DID MY THOUGHTS HELP OR HURT ME?

