

Thoughts and Behaviors Journal

Patient's full name: _____

Date range: _____ to _____

Therapist's full name: _____

Situation/Problem	Thoughts & Emotions	Behaviors & Actions
<i>Please indicate a certain problem or a situation that you found to be distressing, no matter how trivial.</i> <i>Please be as descriptive as possible.</i>	<i>When this problem or situation occurred, what went through your mind and how did you feel about it?</i> <i>Think in terms of while you were going through the problem/situation, and then after.</i> <i>Please be as descriptive as possible.</i>	<i>How did you behave in response to the problem/situation?</i> <i>What did you do in response to the problem/situation?</i> <i>Please be as descriptive as possible.</i>

