

CBT diary



ACTIVATING EVENT	EMOTIONS	THOUGHTS AND OR IMAGES	BEHAVIOURS
Where were you? Who was there? What were you doing? When?	What did you feel at the time? How strongly did you feel it? Not much 0-10 very strongly	What am I saying to myself? How strongly do you believe the thought? Not at all 0 – 10 believe completely	What did you do after experiencing the thought?
FOR YOUR CHILD	CHILD'S RESPONSE	CHILD'S NEGATIVE EXPECTATIONS	AVOIDANT / ANXIOUS BEHAVIOURS