
Thought Record

Instructions: Complete a separate copy of this form for each relevant fear or phobia.

Phobic object or situation: _____

Thoughts about the object or situation:

1. _____

2. _____

3. _____

4. _____

5. _____

Thoughts about the way I feel in the situation:

1. _____

2. _____

3. _____

4. _____

5. _____