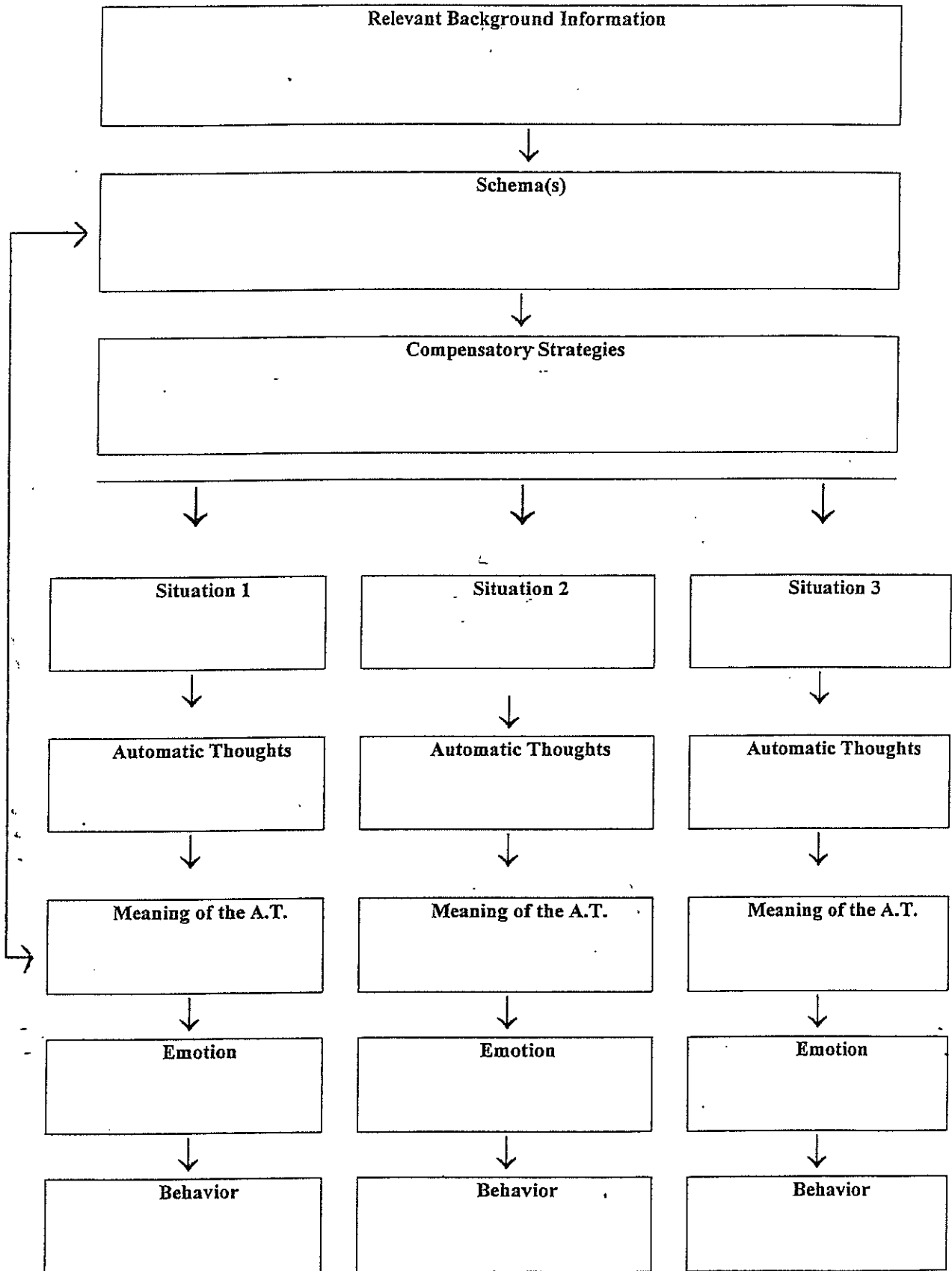


COGNITIVE CONCEPTUALIZATION DIAGRAM

Name _____ Date: _____



DAILY RECORD OF DYSFUNCTIONAL THOUGHTS

20

| <i>Date</i> | | | | |
|---|--|--|--|---|
| <i>Event</i> | <i>Automatic Thoughts</i> | <i>Emotions</i> | <i>Rational Thoughts</i> | <i>Outcome</i> |
| a. Describe actual event or memories of an event that preceded unpleasant emotions. | a. Write automatic thought(s) that led to emotion(s). b. Rate belief in automatic thought(s). | a. Specify sad, anxious, angry, tense, etc. b. Rate degree of emotion, 0-100. | a. Identify cognitive errors. b. Write rational response to automatic thought(s). c. Rate belief in rational response, 0-100%. | a. Specify and rate subsequent emotion(s), 0-100. |
| | | | | |

DAILY RECORD OF DYSFUNCTIONAL THOUGHTS

| <i>Date</i> | | | | |
|---|--|--|---|---|
| <i>Event</i> | <i>Automatic Thoughts</i> | <i>Emotions</i> | <i>Rational Thoughts</i> | <i>Outcome</i> |
| a. Describe actual event or memories of an event that preceded unpleasant emotions. | a. Write automatic thought(s) that led to emotion(s). b. Rate belief in automatic thought(s). | a. Specify sad, anxious, angry, tense, etc. b. Rate degree of emotion, 0-100. | a. Identify cognitive errors. b. Write rational response to automatic thought(s). c. Rate belief in rational response, 0-100%. | a. Specify and rate subsequent emotion(s), 0-100. |
| Anna called. | 1. She knows I'm in trouble. 100 2. I can't handle things any more. 90 3. I haven't done one piece of decent work all week. 90 4. The Crenshaw project hasn't gone anywhere, and it's all my fault. 100 5. I might as well quit now and save her the trouble of firing me. 80 | Anxiety 90 Sadness 70 Tension 90 | 1. I'm just jumping to conclusions. She may know there's a problem, but probably doesn't think I'm in trouble. 80 2. Ignoring the evidence. I can usually get things accomplished if I keep trying. 95 3. All or none thinking and ignoring the evidence. I've made the proper assignments to the other members of the project team. 95 4. This is personalizing and ignoring the evidence. The project isn't going as well as I would like, but we're making some progress. 90 5. I'm jumping to conclusions and magnifying my problem. I'm unlikely to be fired because of a temporary slow down. 95 | Anxiety 35 Sadness 15 Tension 25 |

DAILY RECORD OF DYSFUNCTIONAL THOUGHTS

30

| <i>Date</i> | | | | |
|---|--|--|---|---|
| <i>Event</i> | <i>Automatic Thoughts</i> | <i>Emotions</i> | <i>Rational Thoughts</i> | <i>Outcome</i> |
| a. Describe actual event or memories of an event that preceded unpleasant emotions. | a. Write automatic thought(s) that led to emotion(s). b. Rate belief in automatic thought(s). | a. Specify sad, anxious, angry, tense, etc. b. Rate degree of emotion, 0-100. | a. Identify cognitive errors. b. Write rational response to automatic thought(s). c. Rate belief in rational response, 0-100%. | a. Specify and rate subsequent emotion(s), 0-100. |
| Gary criticized me again. | 1. I can't ever do anything right. 95 2. I'm such a lousy wife, he probably has another woman. 80 | Sadness 90 | 1. I'm ignoring the evidence. I do many things right. I've supported Gary and I'm a good mother. Gary needs to relax and not jump on me so much. 100 2. I'm jumping to conclusions and magnifying the problem. Gary's been faithful as far as I know. I've been depressed, but I'm still a good wife. There are no signs that Gary is having an affair. 90 | Sadness 35 |

DYSFUNCTIONAL THOUGHT RECORD (Example)

Directions: When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" and as soon as possible jot down the thought or mental image in the Automatic Thought Column.

| DATE/ TIME | SITUATION 1. What actual event or stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have? | AUTOMATIC THOUGHT(S) 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time? | EMOTION(S) 1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the emotion? | ALTERNATIVE RESPONSE 1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing.) 2. Use questions at bottom to compose a response to the automatic thought(s). 3. How much do you believe each response? | OUTCOME 1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do ? (or did you do?) |
|---------------|---|---|--|---|---|
| 2/2 | Thinking about Mark's not calling me. | He must not care. (90%) | Sad (90%) | <p><i>Jumping to conclusions</i></p> <p>1. He didn't call when he said he would but he was affectionate the last time we were together. 2. Maybe he's been busy at work or just forgot. 3. The worst is he'll never call again and I'd survive. Best is he'd call right now. Most realistic is he'll call in a day or two. 4. Believing he must not care makes me feel devastated. Realizing I might be wrong makes me feel more hopeful. 5. I should go ahead and call him myself. 6. If Joan was in this situation I'd tell her to go ahead and call him. (75%)</p> | <p>1. A.T. = 70%</p> <p>2. Sad = 60%</p> <p>3. I will call him after work tonight.</p> |

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) What should I do about it? (6) If _____ (friend's name) was in the situation and had this thought, what would I tell him/her?

Directions: When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" and as soon as possible jot down the thought or mental image in the Automatic Thought Column.

| DATE/ TIME | SITUATION 1. What actual event or stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have? | AUTOMATIC THOUGHT(S) 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time? | EMOTION(S) 1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the emotion? | ALTERNATIVE RESPONSE 1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing, etc.) 2. Use questions at bottom to compose a response to the automatic thought(s). 3. How much do you believe each response? | OUTCOME 1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do? (or did you do?) |
|---------------|---|---|--|--|--|
| | | | | | |

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) What should I do about it? (6) If _____ (friend's name) was in the situation & had this thought, what would I tell him/her?

ACCOMPLISHMENT/PLEASURE SCALES TO RATE ACTIVITIES ON
ACTIVITY CHART (Example)

| <u>Accomplishment Scale</u> | | <u>Pleasure Scale</u> | |
|-----------------------------|---------------------------------|-----------------------|---|
| 0 | Losing argument with my partner | 0 | Paying my taxes |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | Cleaning off my desk | 5 | Walking around the neighborhood with my brother |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | Giving a well received speech | 10 | Thanksgiving with the whole family |

Note: 0-10 ratings of accomplishment and pleasure recorded on the activity chart in the next page are represented by A= ____ and P= ____.

ACTIVITY CHART (Example)

| | Day 1 | Day 2 | Day 3 | Day 4 |
|------------|---------------------------------|-------|-------|-------|
| 6-7 am | | | | |
| 7-8 | Morning routine A = 2, P = 0 | | | |
| 8-9 | Drive to work A = 3, P = 3 | | | |
| 9-10 | Finish document A = 5, P = 4 | | | |
| 10-11 | Therapy A = 5, P = 4 | | | |
| 11-12 noon | Sit outside A = 2, P = 4 | | | |
| 12-1 pm | Lunch A = 1, P = 3 | | | |
| 1-2 | Staff meeting A = 4, P = 3 | | | |
| 2-3 | ↓ ↓ | | | |
| 3-4 | Write letters A = 3, P = 3 | | | |
| 4-5 | Conference call A = 3, P = 2 | | | |
| 5-6 | Drive home A = 2, P = 3 | | | |
| 6-7 | Dinner A = 2, P = 2 | | | |
| 7-8 | T.V. A = 2, P = 2 | | | |
| 8-9 | ↓ ↓ | | | |
| 9-10 | ↓ ↓ | | | |
| 10-11 | ↓ ↓ | | | |
| 11-12 mid | Sleep | | | |
| 12-1 am | ↓ ↓ | | | |
| 1-2 | ↓ ↓ | | | |
| 2-3 | ↓ ↓ | | | |
| 3-4 | ↓ ↓ | | | |
| 4-5 | ↓ ↓ | | | |
| 5-6 | ↓ ↓ | | | |

Conclusions

*Watching too much T.V.
Much less time with friends than before*

*No physical exercise
Few pleasureable activities*

ACCOMPLISHMENT/PLEASURE SCALES TO RATE ACTIVITIES ON
ACTIVITY CHART

| <u>Accomplishment Scale</u> | <u>Pleasure Scale</u> |
|-----------------------------|-----------------------|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |

ACTIVITY CHART

| | Day 1 | Day 2 | Day 3 | Day 4 |
|---------------|-------|-------|-------|-------|
| 6-7 am | | | | |
| 7-8 | | | | |
| 8-9 | | | | |
| 9-10 | | | | |
| 10-11 | | | | |
| 11-12 noon | | | | |
| 12-1 pm | | | | |
| 1-2 | | | | |
| 2-3 | | | | |
| 3-4 | | | | |
| 4-5 | | | | |
| 5-6 | | | | |
| 6-7 | | | | |
| 7-8 | | | | |
| 8-9 | | | | |
| 9-10 | | | | |
| 10-11 | | | | |
| 11-12 mid | | | | |
| 12-1 am | | | | |
| 1-2 | | | | |
| 2-3 | | | | |
| 3-4 | | | | |
| 4-5 | | | | |
| 5-6 | | | | |

PREPARING FOR A THERAPY SESSION (Example)

Patients can be asked to complete this sheet either mentally or in writing immediately before a therapy session (or during the previous day). This worksheet is particularly helpful for patients who avoid thinking about therapy between sessions or who have difficulty summarizing the gist of their week.

1. What problem do I want to work on today?

Relationship with Pam.

2. How have I been feeling this week compared to other weeks?

A little less depressed.

3. What happened this week that my therapist should know about?

Fight with Pam.

4. What did we cover during the last session?

Disagreement doesn't necessarily mean disrespect.

5. Anything that bothered me about last session? Any unfinished business?

No.

6. Anything I'm reluctant to tell my therapist?

No.

7. What did I do for homework?

*D.T.R. when I was upset.
Read therapy notes.*

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? Joanne yelled at me.
- What am I thinking or imagining? She'll never call me again.
- How much do I believe it? a little medium a lot (or rate 0-100:)
- How does that thought make me feel? mad sad nervous other
- How strong is the feeling? a little strong medium very strong (or rate 0-100:)
- What makes me think the thought is true? She seemed pretty mad.
- What makes me think the thought is not true or not completely true? She's gotten mad at me before but she seems to get over it.
- What's another way to look at this? She's got a real temper but she doesn't stay mad.
- What's the worst that could happen? Would I still live through it? I'd lose my best friend.
- What's the best that could happen? She'll call back right away and apologize.
- What will probably happen? She'll act kind of cold for a few days but then I'll call her.
- What will happen if I keep telling myself the same thought? I'll keep being really upset.
- What could happen if I changed my thinking? I could feel better, maybe call her sooner.
- What would I tell my friend [think of a specific person] Emily if this happened to him or her? Don't worry, just wait two days and call.
- What should I do now? Call a different friend.
- How much do I believe the negative thought now? a little medium a lot (or rate 0-100:)
- How strong is my negative feeling now? a little strong medium very strong (or rate 0-100:)

Testing Your Thoughts

- What is the situation? _____
- What am I thinking or imagining? _____
- How much do I believe it? a little medium a lot (or rate 0-100: _____)
- How does that thought make me feel? mad sad nervous other _____
- How strong is the feeling? a little strong medium very strong (or rate 0-100: _____)
- 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? Would I still live through it? _____

- What's the best that could happen? _____

- What will probably happen? _____

- What will happen if I keep telling myself the same thought? _____

- What could happen if I changed my thinking? _____

- What would I tell my friend _____ if this happened to him or her?

- What should I do now? _____
- How much do I believe the negative thought now? a little medium a lot
(or rate 0 -100: _____)
- How strong is my negative feeling now? a little strong medium very strong
(or rate 0-100: _____)

| ADVANTAGE/DISADVANTAGE ANALYSIS | |
|---------------------------------|--|
| | |
| | |

PROBLEM SOLVING WORKSHEET (Example)
(When automatic thoughts, beliefs, and/or high emotion interfere with straightforward problem solving)

This worksheet is a modified version of the Dysfunctional Thought Record, with a greater emphasis on devising solutions to a problem once the patient has responded to the special meanings attached to the problem.

1. Problem

Boyfriend says he's going away on business.

2. Special meaning: Automatic thoughts and beliefs

He doesn't care about my feelings.

3. Response to special meaning.

Not necessarily true. He often does. This particular project is very important to him. It doesn't mean that I'm unimportant. He does care.

4. Possible solution(s)

- 1. Arrange to call him or have him call me several times when he's away.*
- 2. Spend the weekend together when he gets back, even if it's to help him catch up on household tasks.*
- 3. Explain to him that I acted angry towards him because I felt hurt but now I realize he does care.*

PROBLEM SOLVING WORKSHEET
(When automatic thoughts, beliefs, and/or high emotion interfere with
straightforward problem solving)

1. Problem

2. Special meaning: Automatic thoughts and beliefs

3. Response to special meaning.

4. Possible solution(s)

CORE BELIEF WORKSHEET (Instructions)

The core belief worksheet is designed for patients to use once they begin evaluating and modifying a core belief, so that they can do so in a continual, consistent manner. The therapist first helps patients identify their most central core beliefs and hypothesizes that they quickly process negative data consistent with the core belief but disregard or discount positive data inconsistent with it.

Together therapist and patients measure the strength of the old dysfunctional belief and of the new, more functional belief at the beginning of each session. Throughout the session and throughout the week, patients monitor their interpretations of events to fill out the bottom half of the form.

CORE BELIEF WORKSHEET (Example)

NAME: S. DATE: 3/21

OLD CORE BELIEF: I'm a failure.

How much do you believe the old core belief right now? (0-100) 70%

*What's the most you've believed it this week? (0-100) 90%

*What's the least you believed it this week? (0-100) 50%

NEW BELIEF: I'm competent, though with both strengths and weaknesses.

How much do you believe the new belief right now? (0-100) 50%

EVIDENCE THAT CONTRADICTS OLD CORE BELIEF AND SUPPORTS NEW BELIEF

Worked out a new contract with Mr. R.

Got an extension from S.

Daily am writing letters and phoning to try to resolve problem with "A company."

Continuing in the ABC project [charitable volunteer activity]

EVIDENCE THAT SEEMS TO SUPPORT OLD CORE BELIEF WITH REFRAME

Business still has significant problems BUT I'm doing all I can to solve problems now.

I can't get my mother to take her medication BUT this isn't really under my control.

Dad blames me for potential bankruptcy BUT (1) the business had problems when I took over (2) I share the responsibility for continued problems with several other people and (3) even if this business fails, it doesn't mean I'm a failure as a person.

*Should situations related to an increase or decrease in the strength of the belief be topics for the agenda?

CORE BELIEF WORKSHEET

NAME: _____ DATE: _____

OLD CORE BELIEF: _____

How much do you believe the old core belief right now? (0-100) _____

*What's the most you've believed it this week? (0-100) _____

*What's the least you believed it this week? (0-100) _____

NEW BELIEF: _____

How much do you believe the new belief right now? (0-100) _____

EVIDENCE THAT CONTRADICTS OLD
CORE BELIEF AND SUPPORTS NEW BELIEF

EVIDENCE THAT SEEMS TO SUPPORT
OLD CORE BELIEF WITH REFRAME

*Should situations related to an increase or decrease in the strength of the belief be topics for the agenda?

HISTORICAL REVIEW AND MODIFICATION OF CORE BELIEF (Example)

Name: Joan S. Core Belief: I'm bad

How much do I believe this core belief right now (at an intellectual level)? 50%

How much do I believe this core belief right now (at a gut level)? 80%

Period: Elementary School (by school - [pre-school years, elementary school, etc.]
and/or by age - [0-5 years old, 5-10, 10-15, etc.]

1. What made me think the core belief was true?

| | |
|--|-----------------------------------|
| <i>Mom yelled at me, hit me everyday.</i> | <i>My room was always messy.</i> |
| <i>Mom didn't act like that to [my brother].</i> | <i>Mom always said I was bad.</i> |
| <i>I was fat.</i> | <i>Dad never defended me.</i> |
| <i>No real friends.</i> | |
| <i>Kids picked on me at school.</i> | |

2. What evidence is there that the core belief was not true, or not completely true?

| | |
|---|---|
| <i>Next-door neighbor tried to help me.</i> | <i>Tried to help mom.</i> |
| <i>Cousins cared about me.</i> | <i>Helped littler kids down the street.</i> |
| <i>Teachers seemed to like me.</i> | <i>Always did my homework.</i> |
| <i>I tried hard in school.</i> | <i>Didn't start fights with my brother.</i> |

3. For each item in number 1 above, what's another explanation? You will need another piece of paper.

Mom was abusive, but she was also alcoholic, unhappy, took it out on me.

4. Looking over all the evidence, how do I now view the accuracy of my core belief during this time period?

Maybe I was a normal kid, maybe even behaved better than most.

5. How much do I believe the core belief now?

at an intellectual level? 25%

at a gut level? 50%

GUIDE TO BOOSTER SESSIONS

1. What has gone well for you?

2. What problems arose? How did you handle them? Was there a better way of handling them?

3. What problems could arise between now and your next booster session? Imagine the problems in detail.
 - a. What automatic thoughts might you have? What beliefs might be activated?
 - b. How will you deal with the automatic thoughts/beliefs?
 - c. How will you problem-solve?

4. What cognitive therapy work have you done since your last session?

5. What cognitive therapy work would you like to do between now and the next booster session?
 - a. What automatic thoughts might get in the way?
 - b. How will you answer these automatic thoughts?

6. What further goals do you have for yourself?
 - a. How will you achieve them?
 - b. How can the things you learned in cognitive therapy help?

NAME: _____

DATE: _____

AUTOMATIC THOUGHT QUESTIONNAIRE – 30

Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you *over the last week*. Please read each item carefully and put a check mark in the appropriate box.

| | Not at all | Sometimes | Moderately often | Often | All the time |
|--|------------|-----------|------------------|-------|--------------|
| 1. I feel like I'm up against the world. | | | | | |
| 2. I'm no good. | | | | | |
| 3. Why can't I ever succeed? | | | | | |
| 4. No one understands me. | | | | | |
| 5. I've let people down. | | | | | |
| 6. I don't think I can go on. | | | | | |
| 7. I wish I were a better person. | | | | | |
| 8. I'm so weak. | | | | | |
| 9. My life's not going the way I want it to. | | | | | |
| 10. I'm so disappointed in myself. | | | | | |
| 11. Nothing feels good anymore. | | | | | |
| 12. I can't stand this anymore. | | | | | |
| 13. I can't get started. | | | | | |
| 14. What's wrong with me? | | | | | |
| 15. I wish I were somewhere else. | | | | | |
| 16. I can't get things together. | | | | | |
| 17. I hate myself. | | | | | |
| 18. I'm worthless. | | | | | |
| 19. I wish I could just disappear. | | | | | |
| 20. What's the matter with me? | | | | | |

| | Not at all | Sometimes | Moderately often | Often | All the time |
|--|-------------------|------------------|-------------------------|--------------|---------------------|
| 21. I'm a loser. | | | | | |
| 22. My life is a mess. | | | | | |
| 23. I'm a failure. | | | | | |
| 24. I'll never make it. | | | | | |
| 25. I feel so helpless. | | | | | |
| 26. Something has to change. | | | | | |
| 27. There must be something wrong with me. | | | | | |
| 28. My future is bleak. | | | | | |
| 29. It's just not worth it. | | | | | |
| 30. I can't finish anything. | | | | | |

NCCQ-IF
(Negative Cognition Questionnaire - Initial Form)

LARRY F. SINE, PH.D.
 SILKE VOGELMANN-SINE, PH.D.

Name: _____

Date: _____

Please circle the number below to indicate how true each of the following statements feels about you at a gut level. The scale goes from 1 being "Untrue" to 7 being "Totally True".

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------|---|---|---|---|---|--------------|
| | Untrue | | | | | | Totally True |
| 1. I don't deserve love | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I am a bad person | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I am terrible | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I am worthless (inadequate) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I am shameful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I am not lovable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I am not good enough | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I deserve only bad things | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I cannot be trusted | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I cannot trust myself | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I cannot trust my judgment | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I cannot succeed | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I am not in control | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I am powerless (helpless) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I am weak | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I cannot protect myself | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. I am stupid (not smart enough) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. I am insignificant (unimportant) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I am a disappointment | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I deserve to die | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. I deserve to be miserable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. I cannot get what I want | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. I am a failure (will fail) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I have to be perfect (please everyone) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. I am permanently damaged | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. I am ugly (my body is hateful) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. I should have done something | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. I did something wrong | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. I am in danger | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. I cannot stand it | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. I cannot trust anyone | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 32. I cannot let it out | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 33. I do not deserve | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 34. It's not okay to feel (show) my emotions | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 35. I cannot stand up for myself | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 36. I am different (don't belong) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 37. I should have known better | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 38. I am inadequate | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please insert below any negative statements about yourself not covered on the previous page. Then rate them in the same manner.

| | Untrue | | | | | | Totally True |
|--|--------|---|---|---|---|---|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

From all the Negative Cognition ratings on both pages, pick the five statements which you feel are most true about you, that is, which you gave the highest ratings, and write them on the lines labeled Negative Cognition.

For each negative cognition, pick a recent incident which captures feeling that way about yourself. When you bring up that incident and those words (the Negative Cognition), identify the emotions/feelings you experience now. On a scale from 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance imaginable, rate how disturbing it feels to you now. Lastly, identify where you feel the disturbance in your body.

After you have done this for a recent incident, go through this process picking an earlier incident in your life which captures feeling the same way (the negative cognition) about yourself.

(1) Negative Cognition: _____

Recent Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Earlier Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

(2) Negative Cognition: _____

Recent Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Earlier Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

(3) Negative Cognition: _____

Recent Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Earlier Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

(4) Negative Cognition: _____

Recent Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Earlier Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

(5) Negative Cognition: _____

Recent Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Earlier Incident: _____

Emotions/feelings: _____

Disturbance rating (0 to 10): _____ Location of Body Sensation: _____

Note: NCQ-IF (Negative Cognition Questionnaire - Initial Form) originally developed 10/95 and revised 5/96 and 6/97. List of negative cognitions and adapted procedure for evaluating incidents from Appendix A in Shapiro, F. (1995). Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures. New York: Guilford Press.