CBT progress record

Review at a useful interval. Include daily life, participation, coping and context as well as symptoms.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

My goal / signs of progress

When and what to review

Date	Activity / response I tried	Daily life, distress and context	Learning / next useful step

What to keep, change or discuss

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Using this resource

CBT progress record

What this helps with

Progress can include returning to an activity, asking for help or responding differently to a familiar thought. Distress may still vary with sleep, health and life events. This record looks at one personally meaningful goal across a few planned reviews. It is not a validated questionnaire and cannot diagnose a condition or establish recovery. Keep the review brief and at an agreed interval, so monitoring supports your life rather than becoming another thing to check throughout the day.

How to use it

1. Choose one meaningful activity or goal and one response you are practising.
2. Agree a weekly review time, rather than repeatedly rating yourself.
3. Record a concrete example, any distress rating you find useful, and the context.
4. Notice changes in participation or response even when feelings fluctuate.
5. Decide what to keep, adjust or discuss. If things are worsening, seek appropriate support.

A fictional worked example

Sam's goal is to spend less of the evening caught in worry. At the first review, Sam managed one shared meal while worry was present. The next week worry felt stronger during a work deadline, but Sam ate with a friend twice and spent less time asking for reassurance afterwards. A symptoms-only rating could miss this change. Sam notes both the difficult week and the increased participation. They plan to keep the meals manageable and discuss the deadline with their manager. The record is a conversation starter about what is helping, rather than proof that therapy must be working in a straight line.

Keep in mind

These personal ratings have no diagnostic cut-offs. Avoid constant symptom checking, especially with health anxiety or OCD. A marked deterioration, inability to manage basic needs or safety concerns calls for support rather than simply another worksheet entry.

Sources and attribution

Roth, A. D., & Pilling, S. (2007). The competences required to deliver effective CBT for people with depression and anxiety disorders. UCL competence framework.

NHS. Cognitive behavioural therapy (CBT).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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