Five areas model

Choose one situation. The two-way arrows show how thoughts, feelings, body and actions can interact.

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

Situation
What happened, where and with whom?

Thoughts and images
What went through my mind?

Body sensations
What did I notice in my body?

Emotions
What did I feel?

Actions
What did I do, avoid or seek?

The situation is the context. There is no single starting point within the four connected responses.

Five-part CBT framework; informed by Padesky & Mooney (1990).

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Thought record

Review one interpretation once, then choose a useful action. A balanced view can include uncertainty.

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

Situation: what happened?

Thought or image / belief 0-100%

Feeling / intensity 0-100

Look at the evidence, not only the feeling

Evidence for the thought

Evidence against or another view

A balanced thought

My next useful action

Belief and feeling afterwards

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Behavioural experiment

Make a specific prediction and a fair test. Plan any safeguards before practice; record observations afterwards.

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

BEFORE PRACTICE

Prediction / belief 0-100% / another possibility

My task / where / what I will look for

Safety habit to vary; real precautions and support to keep

AFTER PRACTICE - observations and learning

What actually happened

Learning / prediction now / next step

Plan this exercise with your therapist and keep necessary care, access support and real precautions.

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Goal-setting worksheet

Start with what matters, then define one change you could notice. Progress can include doing more while feelings remain.

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

What I want more room for in my life

My everyday goal

How I will recognise progress

My smallest useful first step

When, where and the support I need

A smaller option if the step is too much

Review date / what happened / next step

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CBT practice plan

Agree a task with a clear purpose. An incomplete attempt can still provide useful information.

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

AGREE AND PREPARE

The task and what I hope to learn

What, when, where and any support

A smaller version if needed

AFTER THE ATTEMPT

What I tried and what I noticed

What helped / what got in the way

Questions / changes for next session

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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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Staying-well plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

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

What I have learned

If I notice...	A small response I can use	Support / when to review

Helpful habits to keep

Support / when to ask for help

Review date / reminder

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Grounding card

Prepare this while relatively settled. Choose neutral cues that help you; leave out anything uncomfortable.

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

MY QUICK ORIENTATION CARD

Where and when I am now

Two or three details around me

Next action / person I can contact

Cues to avoid / changes that help

What helped / what to change

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Emotion and action worksheet

An urge offers information, not an instruction. Include practical needs, boundaries and genuine protection.

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

Situation / feeling / urge

My need, priority or safety

Response I am considering	Likely effect now	Likely effect later

My chosen action or request

Outcome / repair or next step

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Toolkit guide and contents

The worksheets come first. Select what fits your goals; you do not need to complete every sheet.

Using this collection

These tools are educational. They are not diagnostic tests or crisis care. Choose ordinary, safe activities; agree more demanding experiments with a therapist. Keep prescribed treatment and appropriate medical care in place. You do not need to submit completed sheets to this website. Store personal notes privately and share them only through an arrangement agreed with your therapist.

Worksheet starting pages

01 Five areas model

02 Thought record

03 Behavioural experiment

04 Goal-setting worksheet

05 CBT practice plan

06 CBT progress record

07 Staying-well plan

08 Grounding card

09 Emotion and action worksheet

Guidance and fictional examples follow this index. Individual website downloads also contain fillable fields; this complete toolkit is for printing.

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Using this resource

Five areas model

What this helps with

A five-part CBT map separates a situation from thoughts, emotions, bodily sensations and actions. The four personal responses can influence one another in both directions. This original map draws on the interacting cognitive model described by Padesky and Mooney (1990). It is a starting point for exploring one example together, not a complete explanation of a person's difficulties.

How to use it

1. Choose one recent moment. Describe what happened in the situation box.
2. Add thoughts or images, emotions, body sensations and actions in whichever order is easiest.
3. Follow the two-way arrows. How did one response affect another? The lines cross in the middle; this is not an extra box or step.
4. Notice which link may help explain what kept the difficulty going. Discuss a useful change with your therapist or use the separate behavioural experiment sheet.

A fictional worked example

Leena receives an email asking for a meeting. Situation: a brief message with no agenda. Thought: 'I must have made a serious mistake.' Emotion: anxiety, 75/100. Body: tight shoulders and a churning stomach. Action: rereads old emails and delays her lunch. Checking gives a few seconds of relief, then she finds another detail to question. Her tiredness makes the meeting feel more threatening. A possible change is to ask once what she needs to prepare, eat lunch and return to her planned task. She has not proved the meeting will go well; she has noticed a pattern she can explore.

Keep in mind

Choose an everyday example first. You do not need to describe a traumatic event or disclose private details. Real danger and practical problems need appropriate action. If mapping becomes distressing or confusing, pause and work through it with a therapist.

Sources and attribution

Padesky, C. A., & Mooney, K. A. (1990). Presenting the cognitive model to clients. International Cognitive Therapy Newsletter, 6, 13-14.

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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Using this resource

Thought record

What this helps with

A thought can feel convincing without giving the whole picture. This record helps you examine one interpretation with fairness and curiosity. The aim is a more complete, believable view, not an argument against your feelings. Sometimes the evidence confirms that a problem needs attention. In that case, a balanced response may include setting a boundary or asking for help. Complete one thoughtful review rather than repeatedly checking until you feel certain.

How to use it

1. Describe the event and one specific thought; rate belief and emotion from 0-100 if helpful.
2. List observations supporting the thought, separating them from guesses.
3. Look for missing information, exceptions or observations pointing to another explanation.
4. Write a balanced response that includes uncertainty and compassion.
5. Choose an action consistent with that response. Review belief or emotion once, without requiring it to fall.

A fictional worked example

Omar forgets one point in a presentation and thinks, 'I have shown everyone I am useless', believing it 85/100. He feels ashamed. Supporting evidence: he lost his place and needed a pause. Other evidence: he completed the presentation, answered two questions and was asked to send his slides. Balanced response: 'One pause felt uncomfortable, but it does not describe my whole performance. I can practise that transition next time.' He sends the slides rather than avoiding his colleagues. His belief falls to 50/100; some embarrassment remains. The useful change is that he can act without treating the harsh conclusion as a fact.

Keep in mind

Repeatedly debating an OCD thought or seeking health certainty can maintain the problem. Use the relevant disorder-specific toolkit instead. Do not use this sheet to dismiss abuse, discrimination, physical symptoms or genuine safety concerns. Bring difficult or persistent beliefs to therapy.

Sources and attribution

NHS Every Mind Matters. Thought record: self-help CBT technique.

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

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

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Using this resource

Behavioural experiment

What this helps with

An experiment is an opportunity to learn from experience. It differs from simply enduring a difficult situation: you name a prediction and choose an action that can give you useful information about it. The result can support, weaken or complicate your prediction. That is still learning. Plan a small, ordinary action and decide what you will observe before starting, so the review does not become a search for certainty afterwards.

How to use it

1. State a testable prediction and an alternative possibility. Rate belief if useful.
2. Plan one action, when and where, and the observation that would help you learn.
3. Identify one unnecessary safety habit to vary, keeping real safety measures.
4. Agree practical support and limits; seek therapist guidance for demanding or symptom-focused tasks.
5. Record observations, compare them with both predictions and plan any useful next test.

A fictional worked example

Maya predicts, 'If I ask a question in the meeting, people will tell me I should already know', with 80/100 belief. An alternative is that the question will be answered normally. She plans to ask one relevant question, without apologising repeatedly first, and notice the actual reply. Her manager answers and another colleague asks for clarification too. No one criticises her. Maya still feels flushed, but that was not the outcome she was testing. She learns that asking once can be useful and plans a similar experiment in a different meeting. One result does not guarantee every future response.

Keep in mind

Do not use experiments to test actual hazards, stop prescribed treatment or provoke physical symptoms without appropriate assessment. ERP, trauma work and fainting-related practice need individual planning. Choose support and adaptations collaboratively; the goal is learning, not proving bravery.

Sources and attribution

Bennett-Levy, J., et al. (Eds.). (2004). Oxford guide to behavioural experiments in cognitive therapy. Oxford University Press.

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

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

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Using this resource

Goal-setting worksheet

What this helps with

'Feel better' is an understandable hope, but it can be hard to know where to begin. A useful goal describes something you would like to have more room for in life. You can then choose a small action that is within your influence. Feelings may change gradually. A goal can therefore focus on taking part, connection or routine, without making complete confidence a condition for trying. Your circumstances and resources matter when deciding what is realistic.

How to use it

1. Name a part of life that matters to you and what difficulties are getting in the way.
2. Describe an observable change you would value, in your own words.
3. Choose a first step small enough for your current energy and circumstances.
4. Decide when, where and what support or adjustment could help.
5. Set a review date. Use what happened to adapt the goal, rather than grade yourself.

A fictional worked example

Ellis wants 'to stop being anxious'. Exploring what this would allow reveals a wish to spend time with friends again. A useful goal is to join one short, familiar social activity during the next fortnight. The first step is to message a trusted friend about a 20-minute walk on Saturday. Ellis plans a route suited to their mobility and agrees a time. If the friend is unavailable, the alternative is to suggest another day rather than conclude the goal has failed. At review, Ellis will consider whether they took part and what they learned, not whether they felt calm throughout.

Keep in mind

Goals should be yours, not a demand from someone else. Do not make a target depend on enduring unsafe situations, ignoring disability or exceeding medical advice. A therapist can help adapt goals when low mood, trauma or other difficulties make planning hard.

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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Using this resource

CBT practice plan

What this helps with

Between-session practice connects a therapy conversation with everyday life. It works best when you know why you are trying something and what to notice. This sheet records an agreed task, a realistic opportunity and what happened. An unfinished attempt can reveal an unclear instruction, an obstacle or a step that was too large. You can bring that information back to therapy. Practice is collaborative learning, not a test of commitment or a requirement to get everything right.

How to use it

1. Write the purpose of the task in one sentence with your therapist.
2. Describe exactly what you will try and what you will record.
3. Choose a realistic opportunity and a smaller option if circumstances change.
4. Note what happened soon afterwards, without needing a detailed diary.
5. Bring successes, surprises and difficulties to the next review; agree an adjustment.

A fictional worked example

During a session, Priya agrees to notice when she asks her partner to check an ordinary email. The purpose is to understand the reassurance pattern before changing it. She plans a brief note after one email on three days. On the first day she remembers; on the second she is too busy; on the third she notices the urge only afterwards. This gives useful information about when checking happens and how easy the task is to remember. At the next session they simplify it to one entry after work and discuss the fear behind asking. Missing a day becomes part of the review.

Keep in mind

Follow the plan agreed for your own circumstances. Do not increase intensity or add new exposure tasks simply to fill the record. If an exercise feels unsafe or significantly destabilising, pause and discuss it with your therapist or appropriate support.

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.

Bennett-Levy, J., et al. (Eds.). (2004). Oxford guide to behavioural experiments in cognitive therapy. Oxford University Press.

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

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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).

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Using this resource

Staying-well plan

What this helps with

A setback does not erase what you have learned. A written plan can make it easier to recognise familiar patterns and respond before they take up more space. Build this from your actual experience, including the steps that were helpful and those that were not. Plan support as well as personal actions. You do not need to handle everything independently. This is a maintenance plan for ongoing CBT learning, not an emergency safety plan.

How to use it

1. Summarise the pattern you now understand and the responses that helped.
2. Identify early signs that old habits are returning, including changes in activity or attention.
3. Choose a small first response and a realistic time to review it.
4. Write who you can contact and when you would seek professional support.
5. Keep the plan accessible and update it after useful new learning.

A fictional worked example

After therapy, Aisha notices that a busy month has brought more cancelled plans and late-night worry. Her plan identifies these as early signs rather than evidence of failure. She chooses to restart a short planned activity and a brief worry record, then review in a week. She tells a trusted friend that things feel harder and asks for a catch-up. If avoidance continues to spread or daily functioning worsens, she will contact her therapist or GP rather than wait until she feels unable to cope. Her plan also reminds her that asking for support was one of the useful things she learned.

Keep in mind

This sheet does not replace a professional risk assessment or safety plan. If you are in immediate danger, use emergency services. For other urgent concerns, seek appropriate local urgent help. Keep prescribed care in place and discuss treatment changes with your clinician.

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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Using this resource

Grounding card

What this helps with

When attention is pulled into worry or distress, noticing your current surroundings may help you reconnect with the task or place you are in. You can use simple external details, such as the colour of a door, the date or the feel of a supported chair. You do not have to complete a fixed sensory sequence. The aim is orientation and choice, not forcing calm or using a ritual to guarantee that nothing difficult will happen.

How to use it

1. First check what the current situation needs: actual danger calls for protective action.
2. If you are safe enough to pause, name your location, the date and one ordinary feature nearby.
3. Choose a neutral detail to look at, listen to or touch, only if comfortable.
4. Notice what you want to do next: return to a task, move to support or take a break.
5. Write a short card using the prompts you found useful; stop if they increase distress.

A fictional worked example

After a difficult message, Rowan feels caught in imagined future arguments. They look at the blue folder on the desk and say, 'It is Tuesday afternoon; I am in my kitchen.' They notice the support of the chair and the sound of the washing machine. Counting sensations feels irritating, so they leave that out. The worry has not disappeared, but Rowan can choose to finish lunch before deciding whether a reply is needed. Later they write a brief card: location, date, one neutral detail, next useful action. Their version is simple and does not need to be repeated until they feel completely settled.

Keep in mind

With flashbacks or dissociation, agree a personalised plan with a trauma-trained therapist. Do not use sensory prompts that trigger memories or distress. Grounding does not make an unsafe place safe. If orientation worsens or you cannot regain contact with the present, seek support.

Sources and attribution

NHS Inform. Grounding exercises.

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

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

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Using this resource

Emotion and action worksheet

What this helps with

Strong emotions can make the next action feel urgent. This sheet creates a little room to recognise the feeling, name the urge and consider what would help. It is not about deciding that an emotion is wrong or insisting that you calm down before responding. A useful action may be to express a need, set a boundary, seek support or wait until you have enough information. Keep the reflection short enough to lead somewhere practical.

How to use it

1. Name what happened, the emotion and the action you feel pulled towards.
2. Pause briefly if it is safe to do so; choose an ordinary anchor if that helps.
3. Consider what the urge would achieve now and what its later effects might be.
4. Choose a response that protects your needs and fits the situation.
5. Review what happened with curiosity. If you already reacted, choose the next repair or boundary.

A fictional worked example

Alex sees a changed rota and feels angry, with an urge to send a sharp message immediately. They need a fair discussion about their hours. Sending the message may release frustration but make that conversation harder. Alex puts the draft aside for ten minutes, checks the agreed hours and writes a clear request to discuss the change. They still feel annoyed. The aim was not to remove the feeling; it was to express the concern in a way that could help. If a genuine boundary is being ignored, the next step may involve a manager or representative rather than more self-soothing.

Keep in mind

Do not delay leaving a dangerous situation or seeking urgent help in order to complete this sheet. Persistent overwhelming emotions or difficulty staying safe need appropriate support. A brief coping tool is only one part of understanding and responding to the wider problem.

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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CBT assessment worksheet

Use before or during an assessment. Brief notes are enough. You can leave a question for discussion or continue on another sheet.

Name or initials (optional)

Date

What would you like help with?

Why are you seeking support now?

One recent difficult moment

Situation
What happened? Where were you, and who was there?

Thoughts or images: what went through your mind?

Feelings
Name the feelings; add their strength if useful.

Body sensations
What did you notice in your body?

What did you do, avoid or check?

What happened straight afterwards or later?

Keep your completed copy private. Typing in this PDF does not send it to the website or a therapist.

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Patterns, impact and what helps

Look at the wider pattern. You do not have to remember every detail; start with what you have noticed.

When did the difficulty begin?
Has it changed over time? Include anything that seemed to set it off.

When is it more or less likely?
Think about situations, people, places or pressures.

How often does it happen, and how long does it last?
How upsetting or difficult is it for you?

What do you do to cope?
Include things that help now and anything that may make life harder later.

How does it affect everyday life?
For example, work or study, relationships, sleep, routines or activities.

What supports you?
People, interests, routines, beliefs, skills or things you have managed before.

What would you like to be able to do?
Describe a change that would matter to you in daily life.

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Health, safety and next steps

Share what feels relevant. Sensitive questions can be discussed with your therapist rather than written here.

Health and wellbeing

Any health conditions, or changes in sleep, appetite, energy, concentration or mood?

Medicines and treatment

Note relevant medicines, changes, side effects or questions. Discuss any medication changes with your prescriber.

Alcohol, nicotine, caffeine or other substances

If relevant, note what you use, how often, and any concerns.

What support or treatment have you tried?

What helped, what did not, and what would you prefer this time?

Safety and support needed today

Any thoughts of suicide, self-harm or harming someone else; feeling unsafe, abuse, or difficulty looking after yourself? Talk this through with your therapist.

What would help you take part in therapy?

Consider pace, communication, format, cultural needs or practical barriers.

What have we agreed today?

Main priority, any practice or support, questions to return to, and next appointment.

This PDF is not monitored. If you need urgent help, contact urgent or emergency services rather than wait for an appointment.

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CBT assessment prompt sheet

For use by a therapist during an appointment. Adapt to the person, their age, the setting and your professional responsibilities.

1. Start with the person

Agree what matters today and explain confidentiality and its limits. Check communication, cultural and practical needs. For remote work, agree privacy, current location, a safe contact route and what to do if the connection is lost.

2. Explore the difficulty

Clarify the main problem, its onset and course, context and impact. Consider real pressures, discrimination, relationships and physical health alongside symptoms. Explore changes in mood, attention, sleep, appetite and daily functioning.

3. Work through one recent example

Separate what happened from the meaning given to it. Explore thoughts or images, feelings, body sensations, attention and actions, including avoidance. Ask about immediate relief and later costs. Check your understanding with the person.

4. Review health and previous support

Ask about relevant health conditions, medicines, recent changes and substance use. Medication decisions belong with the prescriber. Explore earlier treatment, what helped, what did not, and any barriers to receiving care.

5. Explore safety and safeguarding

Ask directly about suicide, self-harm and harm to others. Where relevant, clarify current thoughts, intent, plans, access to means, recent and past behaviour, distress and ability to stay safe. Explore abuse, neglect and safeguarding needs, including dependants. Identify support and agree proportionate actions; follow the relevant urgent-care and safeguarding pathways. Record the reasoning and actions. A blank worksheet answer does not establish safety; do not use this form to assign a risk score.

6. Develop a shared understanding

Summarise the difficulty and possible maintaining links, including strengths and circumstances. Treat this as a working explanation to refine together. Use the relevant disorder-specific CBT model and appropriate assessment measures rather than assuming one cycle fits everyone.

7. Agree meaningful goals and options

Choose a useful, observable first goal. Discuss suitability, treatment options, preferences and any support or referral needed. Check what the person understood, invite corrections and make space for questions.

8. Finish with a clear next step

Agree any manageable between-session task, how and when it will be reviewed, and the next contact. Confirm support arrangements if needed. This prompt sheet supports a conversation; it is not a diagnostic instrument or a full clinical or risk assessment.

Guidance informing this original resource

NHS. Cognitive behavioural therapy (CBT).
NICE (2021). Shared decision making. NG197.
NICE (2022). Self-harm: assessment, management and preventing recurrence. NG225.

The sources inform the approach; they do not endorse this resource.

Copyright Calm Breathing Therapies

Thinking patterns worksheet

Use one recent moment. Notice the thought, then widen the picture.

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

What happened?

What went through my mind?

Which thinking habit might be involved?

What do I know, and what am I assuming?

What would be a fairer way to see this?

What will I do, and what do I notice?

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Thinking patterns worksheet - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

When we are upset, the mind can jump to a conclusion before we have the whole picture. This sheet helps you notice a thinking habit and respond more fairly. A pattern is a description of a thought, not a label for you.

How to use it

1. Write one situation and the thought or image that upset you.
2. Use the brief guide below if a thinking habit fits. You can leave this box blank.
3. Separate observations from assumptions. Include facts that do not fit your first conclusion.
4. Write a believable response and a useful next action. Notice what happens; you do not have to feel better immediately.

A brief thinking-patterns guide

Mind-reading: Assuming I know another person's view. What have they actually said or done?

Worst-case thinking: Treating a feared outcome as inevitable. What else is possible? How could I respond?

All-or-nothing thinking: Seeing only complete success or failure. What lies between the two extremes?

Discounting information: Dismissing something that does not fit. Would I count this if it happened to a friend?

Feeling equals fact: Using a feeling as proof. What other information matters here?

Keep in mind

Do not use this sheet to explain away real mistreatment, discrimination or practical danger. Sometimes the useful response is a boundary, problem-solving or support. Repeatedly analysing the same thought can become another worry loop; one brief pass may be enough.

Review your learning

Did this help me act with a wider view, rather than find a perfectly reassuring answer?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

Original educational material, not a validated measure or a replacement for individual care. Sources do not endorse this worksheet.

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Core beliefs worksheet

Work on one belief with your therapist. Use a recent, manageable example.

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

What happened, and what did it seem to say about me?

What is the broad belief?

What do I notice or do when this belief is active?

What experiences do not fully fit the belief?

What is a more flexible belief to explore?

What small test and review will we agree?

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Core beliefs worksheet - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

A core belief is a broad idea about yourself, other people or the world. It can feel like a fact, especially when you are low or anxious. This sheet supports a shared conversation about one belief and a more flexible alternative; it is not a search for something wrong with you.

How to use it

1. Start with a recent situation rather than detailed memories of the past.
2. Name the broad belief in your own words. Treat it as a working idea, not a diagnosis.
3. Notice how attention, avoidance or rules may keep it convincing. Include experiences it overlooks.
4. Agree a believable alternative, a safe small test and how you will review the learning with your therapist.

A fictional example

After a difficult meeting, Ben concludes, 'I am useless.' With his therapist, he notices he counts mistakes but dismisses preparation and support he gives others. They explore, 'I have skills and limits, and I can learn.' He plans to ask one clarifying question at the next meeting and record what he learns, without grading his whole worth from the outcome.

Keep in mind

Broad beliefs can be connected with painful experiences. You do not need to revisit trauma or disclose private history on this sheet. Pause if it becomes overwhelming. Choose any behavioural test with your therapist; avoid tests involving danger, humiliation or pressure to prove your worth.

Review your learning

What would let me hold the old belief less rigidly, even if it still feels convincing?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

NICE (2022). Depression in adults: treatment and management. NG222.

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Evidence diary

Write one small, specific experience. Ordinary moments count.

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

Which belief or harsh conclusion am I exploring?

What happened? Describe the observable details.

What effort, choice or support helped?

How might I normally dismiss this?

What would be a fair meaning to take from it?

What will I remember or try next?

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Evidence diary - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

When a harsh belief is familiar, the mind may notice what supports it and dismiss everything else. This diary helps you collect concrete experiences it overlooks. The aim is a fuller view, not a list of achievements or proof that every day went well.

How to use it

1. Choose one belief you want to examine, rather than monitor everything about yourself.

2. Record a specific event close to when it happens. Include kindness, persistence, learning, asking for help or resting when needed.

3. Notice any automatic dismissal. Ask whether you would dismiss the same event for somebody else.

4. Write a fair meaning. Review a few entries together at an agreed time rather than repeatedly checking the diary.

A fictional example

Maya believes, 'I let everyone down.' She records telling a friend honestly that she could not meet that evening and suggesting another day. Her first response is, 'That is nothing.' A fuller view is that she communicated clearly and cared about the friendship while respecting her limits. The entry is useful information, not a demand to become a perfect friend.

Keep in mind

Include support from others; needing help does not cancel your contribution. Do not turn the diary into a daily performance target or repeatedly read it to feel completely certain about yourself. If no example comes to mind, leave it and revisit with support.

Review your learning

What has this helped me notice that my usual belief leaves out?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

NICE (2022). Depression in adults: treatment and management. NG222.

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Self-criticism worksheet

Be fair about the difficulty and about yourself. Use one recent example.

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

What happened?

What did the critical voice say?

What effect did that response have?

What would a fair, supportive person notice?

What can I say that is kind and believable?

What useful action or support do I need now?

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Self-criticism worksheet - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

Self-criticism can feel as though it will keep us motivated or prevent mistakes. A harsh response may also leave us ashamed, stuck or afraid to try. This sheet helps you keep any useful information while responding in a fairer and more supportive way.

How to use it

1. Write the event separately from the judgement you made about yourself.
2. Notice the effect of the criticism. Does it help you learn, or make you withdraw or overwork?
3. Imagine a fair supporter who knows the full context. Include pressures, needs and anything you did manage.
4. Write a response you can believe and choose a useful next step, such as repairing a mistake, resting or asking for help.

A fictional example

After cancelling a plan because she was exhausted, Leah calls herself selfish. She notices this pushes her to agree to more than she can manage. A fair response is, 'My friend matters and my energy matters. I can explain and offer another time.' She sends one clear message instead of repeatedly apologising and checking whether the friendship is secure.

Keep in mind

A supportive response does not mean denying a mistake or accepting harmful treatment from others. You can take responsibility for an action without attacking your whole character. If supportive wording feels false, begin with a neutral description of the facts or discuss it with a therapist.

Review your learning

Did this response make space for learning and a useful action?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

NICE (2022). Depression in adults: treatment and management. NG222.

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CBT coping card

Write reminders from your own learning. Keep the card brief and personal.

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

When this may be useful

What I have learned

One helpful next step

Support or an agreed plan I can use

Print and cut around the dotted line, or save a private photograph of your own card.

How will I practise without relying on the card?

What did I learn from using it?

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CBT coping card - guide

Use alongside the worksheet on page 1. Adapt it to your needs and any therapy plan.

What this helps with

A coping card holds a few words from what you have already learned in CBT. It can help you remember a useful action when the mind is busy. Make it personal and believable. The card is a reminder, not a promise that nothing difficult will happen.

How to use it

1. Choose one situation and use learning you actually believe, rather than a general positive slogan.

2. Write a short reminder and one action that fits your treatment plan. Agree any exposure step with your therapist.

3. Keep a copy or photograph if useful. Practise using the action, sometimes without consulting the card.

4. Review whether the card supports participation or has become something you feel you must check before you can cope.

A fictional example

Alex writes, 'I do not know exactly how I will come across. I can listen and contribute one point.' At a familiar meeting he reads it once, then puts it away. Later he tries the same action without the card. The learning is that he can participate with uncertainty, not that the card protects him from feeling anxious.

Keep in mind

Repeated rereading for certainty can become reassurance or a safety behaviour. If you feel unable to act without the card, review its use with your therapist. This is not a crisis or medical safety plan and must not replace either. Use a separate agreed support plan if urgent help is needed.

Review your learning

Did the card help me use a skill, and can I gradually rely more on the learning itself?

Sources informing the approach

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford Press.

NICE (2011, updated 2020). Generalised anxiety disorder and panic disorder in adults: management. CG113.

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