

# Appendix VIII

## Thought Record Sheets

Basic Thought Record Sheet

<b>Date</b>	<b>Situation</b> <i>Where were you? Who was there? What were you doing? When?</i>	<b>Emotion(s)</b> <i>What did you feel at the time? How strongly did you feel it? (0–10)</i>	<b>Thoughts and/or images</b> <i>What did you think? How strongly do you believe the thought? (0–10)</i>

**Detailed Thought Record Sheet**

Date	<b>Situation</b> <i>Where were you?                      Who was there? What                      were you doing? When?</i>	<b>Emotion(s)</b> <i>What did you feel                      at the time?                      How strongly did                      you feel it? (0-10)</i>	<b>Thought(s) and/or                      image(s)</b> <i>How strongly do you                      believe the thought?                      (0-10)</i>	<b>Physical sensation(s)</b> <i>Did you notice any                      changes in your body                      at the time?</i>	<b>Behaviour(s)</b> <i>What did you do after                      experiencing the                      thought?</i>

**OCD Thought Record Sheet**

<p><b>Date</b></p>	<p><b>Situation</b> Where were you? Who was there? What were you doing? When?</p>	<p><b>Intrusive thought/ image</b> What was the thought or image that came into your mind?</p>	<p><b>Appraisal(s)</b> What was your thought about the intrusive thought? How strongly did you believe it? (0-10)</p>	<p><b>Emotion(s)</b> What did you feel at the time? How strongly did you feel it? (0-10)</p>	<p><b>Physical sensations</b> Did you notice any changes in your body at the time?</p>	<p><b>Behaviours</b> What did you do after experiencing the thought?</p>