





Reflect on the following for the day with your thought record

<b>Checklist of Cognitive Distortions</b>	
<b>All or Nothing Thinking:</b> you view things as absolute, black or white categorizing.	<b>Magnification or Minimization:</b> you blow things out of proportion or shrink them.
<b>Overgeneralization:</b> you view a negative event as a never-ending pattern of defeat. "This never happens."	<b>Emotional Reasoning:</b> your reason from your feelings "I feel like an idiot, then I must really be one."
<b>Mental Filter:</b> you dwell on the negatives and ignore the positives.	<b>Should Statements:</b> you use shoulds, shouldn'ts, musts, oughts, and have to's.
<b>Discounting the Positive:</b> you insist that your positive qualities do not exist.	<b>Labeling:</b> instead of saying "I made a mistake," you say "I'm a jerk," or "I'm a loser."
<b>Jumping to Conclusions:</b> jump to conclusions not warranted by the facts. <ul style="list-style-type: none"> <li>• <b>Mind reading:</b> you assume that people are reacting negatively to you.</li> <li>• <b>Fortune telling:</b> you predict that things will turn out badly.</li> </ul>	<b>Blame:</b> you find fault instead of solving the problem. <ul style="list-style-type: none"> <li>• <b>Self-blame:</b> you blame yourself for something you weren't entirely responsible for.</li> <li>• <b>Other-blame:</b> you blame others and overlook ways you contributed to the problem.</li> </ul>
<b>Catastrophizing:</b> Seeing only the worst possible outcome for a situation.	<b>Magical Thinking:</b> the belief that acts will influence unrelated situations. "I am a good person therefore bad things shouldn't happen to me."

### Look at the Bigger Picture of the Day

How many hours of sleep?		Was your sleep restful?	
The number of Meals in the day?		The number of snacks in the day?	
Did you participate in physical activity?		Did you participate in relaxation activities?	
Did you attend any support groups?		Did you spend time (talking to or writing to) a support person?	
Were there any medication side effects?		Did you suffer from any physical illnesses?	
Did any major life events occur?		Did you drink any alcohol or use any other substances?	
Did you have a menstrual cycle?		Any other factors to reflect on?	