

# MEASURING PSYCHOLOGICAL CHANGE



**40 FORMS FOR  
TRACKING &  
UNDERSTANDING CLIENT  
PROGRESS**

BETWEEN SESSIONS RESOURCES

# Measuring Psychological Change

40 FORMS FOR TRACKING AND  
UNDERSTANDING CLIENT PROGRESS

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BETWEEN  SESSIONS  
THERAPEUTIC TOOLS FOR GROWTH AND CHANGE

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## **Introduction**

Accurate and comprehensive data tracking is essential to understanding and assisting clients on their journey toward mental health and well-being. This workbook is designed to help you gather, analyze, and interpret behavioral data, allowing you to provide the highest quality care to your clients.

The forms in this workbook are designed to help you systematically document and monitor various factors that can contribute to a client's problems, including behaviors, emotions, thought patterns, triggers, and the effect of interventions.

With this workbook you can:

### **Improved Client Outcomes**

These forms can help you track and analyze data, and identify patterns, trends, and potential triggers that impact a person's mental health. This knowledge empowers you to devise targeted interventions, resulting in improved treatment outcomes and enhanced well-being for those under your care.

### **Objectively Assess Behavior**

Accurate data tracking provides a foundation for objective assessment, allowing you to make informed decisions and monitor progress over time. With a comprehensive record of behaviors, emotions, and thought processes, you can identify areas of concern, track changes, and evaluate the effectiveness of your interventions.

### **Enhance Your Collaboration**

Collecting objective data facilitates collaboration among multidisciplinary teams. By sharing relevant data and insights, you can promote coordinated care and ensure a coordinated approach.

### **Follow Evidence-Based Practices**

Gathering objective data aligns with the principles of evidence-based practice. By incorporating empirical observations into your therapeutic strategies, you enhance the credibility and effectiveness of your interventions.

It is important to explain the importance of data collection to your clients. Data collection can seem like an arduous task, and just like getting on the scale every morning, it can sometimes result in frustration and discouragement. A better metaphor for clients might be comparing data collection to a roadmap, which can help clients find the best paths to happier and more fulfilling lives.

The Staff at Between Sessions Resources

# General Data Collection Forms

## Adverse Events Log

Identifying ways to challenge your thoughts and feelings about adverse events (while creating new ways of thinking) is the hallmark of Martin Seligman's work on learned optimism. This log allows you to track adverse events then challenge them using Seligman's A-B-C-D-E model:

### 1. Adversity:

- Describe a recent adversity.
- Include who, what, when, and where of the situation.
- Be precise, detailed, specific, and accurate.
- Avoid letting your beliefs about the adversity influence your description.
- Be objective and use “truth statements” (focus solely on the facts).

### 2. Beliefs:

- Record what you were saying to yourself during the adversity event.
- What beliefs were running through your mind? Self-talk?

### 3. Consequences:

- How did your thoughts affect how you felt? Be specific!
- How did you react or behave?
- Did you experience body sensations?
- Do the consequences make sense given your beliefs?
- Identify other beliefs you may not have been aware of initially.

### 4. Disputation:

- Generate one piece of evidence to point out the inaccuracy in your beliefs.
- Is there another way you can look at this situation?
- What were environmental factors, other people involved, or issues outside of your control?
- View your beliefs from a different perspective. Did you learn something from this event?
- You might say, “That’s not completely true because...” or, “A more accurate way of seeing this is...” or, “The most likely outcome is...and I can...to manage or cope.”

### 5. Energization:

- How did your Disputation change your Energy?
- What happened to your mood and emotions?
- How did your behavior change?
- What new solutions did you see?

## What to Do

Use the following chart for two weeks. First, fill out the first three categories (A-B-C). Then, go back and look for examples of pessimism and negativity. Highlight or circle them. You may need

to use an additional piece of paper if you run out of space. During the second week, use all five categories (A-B-C-D-E). You will actively challenge negativity and pessimism while teaching yourself to be more optimistic. Refer to the previous page for information about what to include in each section.

	<b>Adverse Event #1</b>	<b>Adverse Event #2</b>	<b>Adverse Event #3</b>	<b>Adverse Event #4</b>	<b>Adverse Event #5</b>
<b>Adversity</b>					
<b>Beliefs</b>					
<b>Consequences</b>					
<b>Disputation</b>	Evidence?  Alternatives?  Implications?  Usefulness?	Evidence?  Alternatives?  Implications?  Usefulness?	Evidence?  Alternatives?  Implications?  Usefulness?	Evidence?  Alternatives?  Implications?  Usefulness?	Evidence?  Alternatives?  Implications?  Usefulness?
<b>Energization</b>					

Reference: Seligman, M. E. P. (2006). *Learned Optimism: How to Change Your Mind and Your Life*. 2<sup>nd</sup> Edition. New York, NY: Vintage Press.



## Anger and Irritability Log

There are things you can do to increase your awareness of anger, irritability, and agitation. Fill in the following chart for one week. Write down the thoughts and behaviors associated with any anger, irritability, or agitation you experience. Note negative consequences.

Date	Unhelpful Thoughts	Behaviors	Consequences

**Totals:** Unhelpful Thoughts \_\_\_\_\_

Behaviors \_\_\_\_\_

## Attitude Tracking Form

When you are depressed, it is important to focus on small victories. Reflecting on positive moments each week will help you repeat them. You can also acknowledge the areas where you might need some support. Fill in this form every week to share with your counselor or therapist.

Three things I felt confident about this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Three things that went well this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Three things I wasn't sure how to cope with this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Three things that made me happy this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Three triggers I experienced this week:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How I coped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







## Energy and Fatigue Tracking Log

This tracking log is designed to help you gain insight into your energy levels and fatigue patterns, providing valuable information for understanding your overall well-being. By monitoring and tracking your energy fluctuations throughout the day, you can identify potential factors that may be impacting your mental and physical health.

Energy and fatigue can play a significant role in your daily life, affecting your mood, motivation, and ability to engage in activities. By becoming more aware of your energy patterns, you can develop a deeper understanding of your body's needs and make informed decisions to support your well-being through nutrition, increased physical activity, and so on.

This log will assist you in recording and analyzing your energy and fatigue levels daily. It provides a structured format for noting your energy levels in the morning, midday, and evening, as well as your overall fatigue level throughout the day. Additionally, you will have the opportunity to identify factors that may influence your energy levels and note any coping strategies you employ.

By tracking your energy and fatigue, you may start to notice patterns and trends that can be explored further in therapy. Sharing this information with your therapist will enable a collaborative exploration of underlying factors, potential triggers, and effective strategies to optimize your well-being.

Note: if you have any concerns about your energy levels, fatigue, or associated symptoms, it is essential to consult with a healthcare professional.

Please fill out the following information each day:

1. Date
2. Rate your energy level upon waking up in the morning, midday, and evening on a scale of 1 to 10, where 1 = extremely low energy, to 10 = highly energized.
3. Rate your general level of fatigue or exhaustion throughout the day on a scale of 1 to 10, where 1 = minimal fatigue, to 10 = extreme fatigue.
4. Identify any factors that may have influenced your energy levels or fatigue, such as sleep quality, physical activity, stress levels, dietary changes, medication, or other factors.
5. Note any strategies or activities you used to manage your energy levels throughout the day (e.g., rest breaks, exercise, mindfulness techniques, and so on).
6. Finally, write down specific points or questions you would like to discuss with your therapist regarding your energy levels and fatigue patterns.

This tracking log can serve as a useful tool for identifying trends, triggers, and potential areas for improvement. By sharing this information with your therapist, you can work collaboratively to explore underlying factors and develop strategies to enhance your overall well-being.



## Functional Behavioral Assessment

Challenging behavior: \_\_\_\_\_ Person responding: \_\_\_\_\_ Child: \_\_\_\_\_

Date Completed: \_\_\_\_\_

1. Are there times of the day when challenging behavior is most likely to occur? If yes, what are they?

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
------------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------	------------------------------------------

Other: \_\_\_\_\_

2. Are there times of the day when challenging behavior is least likely to occur? If yes, what are they?

<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
------------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------	------------------------------------------

Other: \_\_\_\_\_

3. Are there specific activities when challenging behavior is very likely to occur? If yes, what are they?

<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify)	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Other: \_\_\_\_\_

4. Are there specific activities when challenging behavior is least likely to occur? What are they?

<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify)	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Other: \_\_\_\_\_

5. Are there other children or adults whose proximity is associated with a high likelihood of challenging behavior? If so, who are they?

<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children (specify)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Other: \_\_\_\_\_

6. Are there other children or adults whose proximity is associated with a low likelihood of challenging behavior? If so, who are they?

<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------



7. Are there specific circumstances that are associated with a high likelihood of challenging behavior?

<input type="checkbox"/> Asked to do something <input type="checkbox"/> Given a direction <input type="checkbox"/> Reprimand or correction <input type="checkbox"/> Being told "no" <input type="checkbox"/> Sitting near specific peer <input type="checkbox"/> Change in schedule <input type="checkbox"/> Getting peer/adult attention	<input type="checkbox"/> Seated for meal <input type="checkbox"/> Playing with others <input type="checkbox"/> Sharing <input type="checkbox"/> Taking turns <input type="checkbox"/> Playing by self <input type="checkbox"/> Novel/new task <input type="checkbox"/> One-to-one time with adult	<input type="checkbox"/> Transition <input type="checkbox"/> End of preferred activity <input type="checkbox"/> Removal of preferred item <input type="checkbox"/> Beginning of non-preferred activity <input type="checkbox"/> Activity becomes too long	<input type="checkbox"/> Structured time <input type="checkbox"/> Unstructured time <input type="checkbox"/> Down time (no task specified) <input type="checkbox"/> Teacher is attending to someone else <input type="checkbox"/> During a non-preferred activity
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other: \_\_\_\_\_

8. Are there conditions in the physical environment that are associated with a high likelihood of challenging behavior (e.g., too warm, too cold, too crowded, too much noise, too chaotic, weather conditions).

Yes (specify) \_\_\_\_\_  
 No

9. Are there circumstances that occur on some days (and not other days) that may make challenging behavior more likely?

<input type="checkbox"/> Illness <input type="checkbox"/> Allergies <input type="checkbox"/> Physical condition <input type="checkbox"/> Change in diet	<input type="checkbox"/> No medication <input type="checkbox"/> Change in medication <input type="checkbox"/> Hunger <input type="checkbox"/> Parties or social event	<input type="checkbox"/> Change in caregiver <input type="checkbox"/> Fatigue <input type="checkbox"/> Change in routine <input type="checkbox"/> Parent not home	<input type="checkbox"/> Home conflict <input type="checkbox"/> Sleep deprivation <input type="checkbox"/> Stayed with noncustodial parent
------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Other: \_\_\_\_\_

Additional Comments



## Homework Assignments and Therapeutic Tasks Tracking Form

Name of Client: \_\_\_\_\_

Date Therapy Started: \_\_\_\_\_

Week of: \_\_\_\_\_

<b>Task/Homework Description</b>	<b>Date Assigned</b>	<b>Date Completed</b>	<b>Outcome/Comments</b>	<b>Client Rating*</b>	<b>Client Progress Insight**</b>

\*Ask the client to rate assignments on a 10-point scale, where 1 = not helpful at all, and 10 = extremely helpful.

\*\*Ask the client how this assignment may help them achieve their therapy goals.



## Interpersonal Boundaries Log

This tracking log is designed to support you in developing a deeper understanding of your interpersonal boundaries and their impact on your well-being. By tracking incidents where your boundaries are violated or challenged, you can gain valuable insights into your personal boundaries, emotional responses, and coping strategies.

Interpersonal boundaries play a crucial role in maintaining healthy relationships, fostering self-respect, and protecting your emotional and physical well-being. They encompass various aspects, such as physical space, personal information, time, and emotional availability. By recognizing and respecting your own boundaries, you can establish healthier connections with others and prioritize your own needs.

This tracking log serves as a tool for you to record and reflect on incidents where your boundaries were involved. It will enable you to identify patterns, triggers, and areas for growth. Sharing the details of these incidents with your therapist will provide valuable material for exploration and discussion during your therapy sessions.

As you fill out the following chart, remember that this log is a personal and confidential document intended for your use. Be honest and reflective in your descriptions to gain a comprehensive understanding of your experiences. Feel free to use this log to track incidents from your daily life, interactions with specific individuals, or any relevant events.

Exploring your boundaries is a valuable step toward nurturing healthier relationships with others and yourself. Together with your therapist, this log will serve as a guide on your journey toward developing stronger interpersonal boundaries and creating a life that aligns with your needs and values.

Include the following information:

1. The date of the incident.
2. Briefly describe the situation or context in which the incident occurred.
3. List the individuals involved in the incident.
4. Identify the specific type of boundary that was relevant to the incident (e.g., physical, emotional, time, personal space, and so on).
5. Rate the severity of the boundary violation on a scale of 1 to 5, where 1 = minor violation, to 5 = significant violation.
6. Describe your emotional response to the boundary violation incident.
7. Describe any coping strategies you used to manage your emotions and the impact of the boundary violation.
8. Finally, note any specific points or questions you would like to discuss with your therapist regarding the incident.





## Mood Tracker

A mood tracking log can help you become more aware of your emotions and the situations and thoughts that trigger them. It can also help you keep track of how you react to different emotions and how these reactions affect your day-to-day happiness and sense of fulfillment.

Use the following chart to track your mood for 14 days. Rate your mood on a 10-point scale, where 1 = extremely distressed, to 10 = I feel amazing! Describe what you did to cope (e.g., self-care or stress reduction activity). Write down any comments or thoughts.

Date	Describe Your Mood	Mood Rating (1-10)	What or who influenced your mood?	What did you do?	Thoughts/Outcome



## Nervous System Tracker

This worksheet will help you identify how and what you can do to feel safe, get connected, and calm down. Use the chart below to track your nervous system. When you engage your nervous system, you teach it to help you become active, engaged, or calm. There are three systems to consider:

1. When you connect with others, you can trigger neural circuits in your body that calm the heart, relaxes the gut, and shuts down the fear response. The Social Engagement System is activated by talking to a trusted loved one, spending time with a pet, or doing pleasurable activities with other people.

2. The Sympathetic Nervous System is engaged when you are active and playful (such as when you are dancing), playing sports, stretching your body, or journaling.

3. The Parasympathetic Nervous System activates when you practice intentional breathing, listen to soothing music, receive healthy touch, or listen to a calming voice.

<b>Social Engagement</b>	<b>Sympathetic Nervous System</b>	<b>Parasympathetic Nervous System</b>
What makes you feel connected?	When do you feel active?	What calms you down?
How do you reach out to others?	How can you develop healthy habits that engage your SNS?	What healthy habits support your calm state?

## Self-Care Activity Log

This self-care log is designed to help you create a healthier and more fulfilling life. This log begins on Monday, providing you with a framework to begin a self-care routine. By incorporating various essential elements, it empowers you to track your progress, identify patterns, and cultivate positive habits that promote your overall well-being.

**Week to a Page.** With this format, you can easily plan and organize your self-care activities throughout each week. This layout acts as a powerful tool to help you establish a consistent routine that nurtures your mind, body, and soul.

**Daily Water Tracker.** Stay hydrated and nourish your body by tracking your water intake. The log provides a visual representation where you can color in each glass you drink, making it easy to monitor your hydration goals.

**Exercise Tracker.** Capture your daily physical activity and celebrate your achievements. Whether it's walking, running, swimming, or even engaging in household chores or gardening, every activity that involves movement counts. By logging your exercise, you can recognize the impact of different activities.

**Hours of Sleep.** Prioritize restful sleep by monitoring the hours you sleep each night. Whether you aim to sleep more, establish a consistent bedtime routine, or observe patterns in your sleep quality, this section will help you understand the impact of sleep on your overall well-being.

**Fruit and Vegetable Intake.** Track your consumption of fruits and vegetables.






**Gratitude.** Cultivate a mindset of gratitude and appreciation and acknowledge the things you are thankful for to profoundly impact your mental health. This section prompts you to reflect on both significant and seemingly insignificant aspects of your life, fostering a positive outlook and enhancing your overall mood.










**Mood Tracker.** Gain insight into the interplay between your daily activities and your emotional well-being. By tracking your mood alongside sleep, eating habits, and hydration, you can identify patterns and understand the factors that contribute to your emotional state. This self-reflection tool helps you make informed choices for your self-care routine.










**Personalization.** You have unique needs and aspirations, so the blank space is for you to include any additional elements that are important to you. Add specific tasks, self-care habits, or personal goals.










By tracking and engaging with these essential elements, you will foster positive habits, cultivate gratitude, and gain valuable insights into your mental and physical health. Self-care is a continuous journey, and this log can support and inspire you every step of the way.










Week of: \_\_\_\_\_










<b>MONDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							










<b>TUESDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							

<b>WEDNESDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							

<b>THURSDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							

<b>FRIDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							

<b>SATURDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							

<b>SUNDAY</b>	Water:	Exercise:	Hrs Of Sleep:	Fruit & Veg:	Social:	Grateful For:		  
	  							
	  							



## Sleep Diary

Insomnia is a common problem and can be a symptom of a variety of psychological problems. You may sleep too little, have difficulty falling asleep, or have difficulty staying asleep. Lack of sleep can cause tension, irritability, and frustration, all of which contribute to sleep problems. In addition to prescribed medications, you can also try the following to improve your sleep.

- Listen to soft music, read, take a warm shower, or meditate before going to bed.
- Exercise regularly (but not right before bed).
- Write a to-do list for the following day and then clear your head of those concerns.
- Practice deep breathing or progressive muscle relaxation.
- Avoid caffeine, alcohol, and nicotine, either entirely or at least in the evenings.
- Keep your bedroom at a cool temperature (60-68° Fahrenheit).
- If you are sensitive to light and sound, wear earplugs and a sleep mask. A white noise machine may also help.
- If you are having trouble falling asleep, get out of bed and do some light activity (like reading) in another room. Go back to bed when you feel drowsy.
- Go to bed and get up at the same time every day.
- Avoid eating heavy meals at least three hours before bed.
- Make sure your mattress and pillows are comfortable.

What else helps you fall or stay asleep?

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---

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### Symptom Monitoring Chart

Use the chart to indicate if you have experienced any of the symptoms. Rate the intensity of your symptoms from 1 to 10, where 1 = very minimal, to 10 = very severe.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Depressed mood							
Loss of interest or pleasure							
Increase / decrease in appetite							
Sleeping too much							
Physically agitated							
Physically slowed down / loss of energy							
Fatigue							
Feeling worthless or guilty							
Unable to concentrate or make decisions							
Thoughts of death or suicide							
Elevated or irritable mood							
Increased self-esteem or self-confidence							
Decreased need for sleep							
More talkative than usual							
Racing thoughts							
Easily distracted							
Increase in goal-directed activity							
Increase in risky behaviors							
Overly eager to engage in pleasurable activities							







## Thought Diary

1. In the first column note the date, then in the second column write about a situation that caused you distress.
  2. In the third column, describe the emotion and its intensity using SUDS, where 0 = no distress, to 100 = the worst distress imaginable.
  3. In the fourth column, write down any thoughts you are having and the extent you believe them, from 0-100% (100% mean you *completely* believe the thought). Use an additional piece of paper if you need more space.
  4. Then, consider the “evidence” for the most upsetting thought you have. Ask yourself:
    - What is the evidence for my upsetting thought?
    - How did I come to this conclusion?
    - Why did I pick that % about the strength of my thoughts? Why?
  5. Consider the evidence *against* your most upsetting thought. If your score was under 100%, you may have some doubt Ask yourself:
    - What happened last time I was in this situation?
    - Is there a different way of understanding the context and the event?
    - If the upsetting thought comes true, will it matter ten years from now?
  6. In the sixth column, write down alternative thoughts that can replace your distressing thought. For example, imagine a friend canceled your lunch date. Instead of thinking it is because they do not like you, consider they may have had to attend an unexpected meeting at work. Try to be realistic. Use an additional piece of paper if you need more space.
  7. Have your thoughts changed? Once you consider the upsetting and alternate thoughts, re-rate your emotion and belief in the last column.
- If your thoughts changed, what would you do if the situation occurred again? Use a notebook or journal to write down your thoughts for each situation you described in the chart.



## Trigger Tracker

Write down your triggers on the following chart for the next two weeks. Note the date, the situation and anyone involved, how you reacted or responded, and what you could have done differently.

Date	Describe the Situation	Who Was Involved?	Your Reaction/Response	What Could You Have Done Differently?





## Forms for Specific Disorders





## Compulsive Activities Log

Name: \_\_\_\_\_ Tracking Dates: \_\_\_\_\_

For each activity, place a check or tally mark each time you find yourself engaging in the activity. Under each statement in the space provided, rate each activity according to how much each activity impacts your life. Impairment can be the result of how long it takes to complete an activity, how often you repeat the activity, or how much you avoid the activity.

1 – no problem with activity, takes about the same time as most people, no desire to repeat it and/or avoid it

2 – minor problems with activity, takes a little longer than most people, may repeat it a few times, and/or sometimes avoids it

3 – moderate problems with activity, takes moderately longer than most people, often repeats it numerous times, and/or often avoids it

4 – very often has problems with activity, takes much longer than most people, frequently repeats it many times, and/or frequently avoids it

5 – almost constant problems with activity, takes very long compared to most people or unable to complete it, almost always repeats it an extreme number of times or almost always avoids it

Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Washing your hands ritually and/or excessively							
Bathing or showering ritually and/or excessively							
Disinfecting yourself							
Brushing your teeth to remove contamination							
Avoid public places							

<b>Behavior</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Disinfecting others or having them disinfect themselves							
Disinfecting and/or cleaning your environment or your possessions							
Washing or cleaning items before they can be used or allowed in the house							
Changing or having others change clothing frequently to avoid contamination							
Discarding or destroying potentially contaminated items							
Wiping, blowing on, or shaking out items before using them							
Avoidance of certain foods which may be contaminated							
Avoid using the toilet							
Avoid eating in restaurants							

Other:							
<b>Behavior</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Having family or friends perform any actions on your behalf							
Performing, reciting, or thinking ritually to avoid or remove contamination							
Excessive questioning of others about contamination							
Avoiding touching door handles in public places							
Avoiding handling or cooking food							
Avoiding washing dishes							
Avoiding washing clothing							
Avoiding handling money							
Avoiding Handling garbage, or waste baskets							
Avoiding public restrooms							

Other:							
<b>Behavior</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Avoiding traveling on public transportation (buses, trains, taxis, etc.)							
Avoidance of specific persons, places, or objects which might be contaminated							
Using gloves, paper, etc. to touch things							
Avoiding visiting hospitals							
Other:							
Other:							
Other:							
Other:							





## Eating Disorders Mood Log

Tracking emotions throughout the day can help you identify emotional triggers for disordered eating behaviors. Record your emotional state, intensity, and any specific events or thoughts associated with those emotions. Use the following chart for one week. Note the day and time and describe the situation (if any) that triggered you. Write down your thoughts and emotions, then rate your mood from 1 to 10, where 1 = the lowest mood you have ever experienced, to 10 = extremely happy or blissful. Write down how you coped and describe how you felt after.

<b>Day/Time</b>	<b>Situation</b>	<b>Thoughts</b>	<b>Emotions</b>	<b>Mood Rating (1-10)</b>	<b>How did you cope?</b>	<b>How did you feel after?</b>
<b>Total days you used this chart:</b>				<b>Total days you rated your mood less than 5:</b>		

## Eating Habits Food Log

Self-monitoring involves recording your daily food intake plus any thoughts or feelings you were experiencing. Complete this log for seven consecutive days, and include episodes of binging (B), vomiting (V), laxative use (L), and/or excessive exercise (E).

Week of: \_\_\_\_\_

Time	Food/Beverage Intake	Location	B V L E	Thoughts and Feelings
			<b>Totals:</b> <b>B</b> <b>V</b> <b>L</b> <b>E</b>	





## Hoarding Behaviors Tracking Log

This tool is designed to assist you in monitoring and understanding your hoarding behaviors, providing you with valuable insights. Hoarding can be a challenging and complex issue, but by keeping track of your behaviors, triggers, emotions, and progress, you can gain a deeper understanding of your patterns and work toward creating positive change.

By using this tracking log, you will have a structured format to record important information related to your hoarding behaviors. This includes detailed descriptions of your behaviors, triggers that contribute to the hoarding, thoughts and feelings, items acquired, organization attempts, duration and frequency, consequences, coping strategies, reflections, and goals for improvement.

The purpose of this log is not to judge or criticize, but rather to provide you with a comprehensive view of your hoarding behaviors, helping you identify patterns, triggers, and potential areas for intervention. Through consistent tracking and reflection, you can develop greater self-awareness and gain insights into the underlying factors that contribute to your hoarding tendencies.

Remember that hoarding behaviors can have a significant impact on various aspects of your life, including your physical and mental well-being, relationships, and living environment. This tracking log aims to support your efforts in reducing the negative effects of hoarding and developing healthier habits for managing possessions.

Note the date and describe the hoarding behavior. For example, excessive acquisition of items, difficulty discarding or organizing possessions, etc. Identify any triggers that contributed to the hoarding behavior. For example, stress, anxiety, loneliness, etc. Write down the thoughts and feelings you experienced before, during, and after the hoarding behavior. For example, feeling overwhelmed, a sense of relief, guilt, and so on. List the items you acquired during the hoarding behavior. Record any attempts you made to organize or declutter your possessions. Note any challenges or difficulties you encountered.

Describe any negative consequences or impacts resulting from the hoarding behavior. This could include physical, emotional, social, or financial consequences. Document any strategies or techniques you use to cope with the hoarding behavior or prevent its occurrence. For example, deep breathing exercises, seeking support from a therapist, and so on.

















## Purging Log

If you engage in purging behaviors, tracking instances of purging can help increase your awareness and identify patterns. Use the following chart for two weeks, note the date and time, location, and any triggers. Note the methods used and the frequency. Finally, write down physical or emotional consequences you experienced. Describe the methods you used to purge, and the number of times you purged.

Date and Time	Location	Triggers	Method(s) Used	Frequency	Physical/Emotional Consequences
<b>Total Days Recorded:</b>				<b>Total:</b>	



## Social Interaction Log

If you have social anxiety, you probably avoid situations that cause or increase your distress. Sometimes the fear is mild, but other times it might feel paralyzing. You might already be practicing strategies to overcome your fears. You might have heard of “exposure therapy,” which means you “expose yourself” to the people, places, and situations you fear to overcome your anxiety.

Tracking social interactions can be helpful for several reasons.

**Awareness and Self-Reflection.** By tracking your social interactions, you gain a clearer understanding of your own patterns, triggers, and responses in social situations. This self-reflection helps you become more aware of the thoughts, emotions, and behaviors that contribute to your social anxiety. It allows you to identify specific situations or interactions that are more challenging for you, enabling you to focus on them and develop strategies to cope effectively.

**Identifying Progress.** Tracking your social interactions provides a way to measure your progress over time. You can look back at previous interactions and assess how you handled them compared to the present. This helps you recognize small steps of improvement, which can be encouraging and motivating. Celebrating even minor successes can boost your self-confidence and reinforce positive changes.

**Identifying Triggers and Patterns.** By consistently tracking your social interactions, you may start noticing patterns or common triggers that worsen your social anxiety. These triggers could include certain people, social environments, or topics of conversation. Understanding your triggers allows you to be more proactive in managing your anxiety and develop targeted strategies to cope with challenging situations.

**Challenging Negative Thoughts.** Social anxiety is often accompanied by negative self-perceptions and distorted thinking patterns. Tracking your social interactions helps you challenge these negative thoughts by examining the evidence objectively. You can review your interactions and assess whether your perceptions align with reality. This practice enables you to reframe negative thoughts and replace them with more realistic and positive ones.

**Developing Coping Strategies.** Tracking your social interactions helps you identify the strategies and techniques that work best for you. You can observe which coping mechanisms are effective in reducing anxiety or helping you navigate social situations more comfortably. This knowledge allows you to refine and develop a personalized toolkit of strategies that you can rely on in challenging social scenarios.

**Seeking Support.** Tracking social interactions can provide valuable information to discuss in session. It gives your therapist a clearer understanding of your experiences, enabling them to provide targeted guidance and support. Sharing your tracking log can facilitate more productive conversations and help tailor your treatment plan to your specific needs.

Tracking social interactions should not add to your anxiety or become an obsessive process. Approach this task with a compassionate and non-judgmental mindset. Focus on using the

information you gather to better understand yourself, make progress, and develop effective strategies for managing your anxiety.

Use the following chart to track your social interactions. Make a copy of the log if you require additional space or want to track for more than two weeks. Write down the date and describe the situation. Note the duration in minutes of the interaction, and your SUDS (Subjective Units of Distress) before and after the interaction. Write down thoughts you have about yourself or anyone else involved in the interaction. Finally, describe your physical sensations and what you did to cope.

Use SUDS to rate your interactions:

- 0: Totally relaxed
- 1: Alert and awake, no real signs of distress
- 2: Minimal anxiety/distress
- 3: Mild anxiety/distress, does not interfere with performance
- 4: More aware of anxiety than you used to be
- 5: Moderate anxiety/distress, can continue to perform
- 6: Increasingly aware of anxiety and how it affects you
- 7: Quite anxious/distressed, interferes with performance
- 8: Very anxious/distressed, cannot concentrate
- 9: Extremely anxious/distressed, feeling desperate, unable to handle it
- 10: Highest level of distress/fear/anxiety that you have ever felt, cannot function

