1. What is the thought/belief?

________________________________________________________________________

2. How does this thought/belief make me feel?

________________________________________________________________________

3. On a scale of 1 to 10 (1= don’t believe it, 10= it if very true), how strongly do I believe this thought/belief?

________________________________________________________________________

4. Am I 100% sure that this thought/belief is definitely true?

________________________________________________________________________

5. What is the evidence that this is true?

________________________________________________________________________
________________________________________________________________________

6. What are the other possibilities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. On a scale of 1 to 10, how strongly do I believe the thought/belief now?

________________________________________________________________________

8. Alternative New Thought/Belief:

________________________________________________________________________