|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situation** | **Thought** | **Feeling** | **Behaviour** | **Physical** |
| **What happened? Who were you with? When did it happen?** | **What thoughts went through my mind? What was I thinking?** | **How did I feel? What emotions? How strong were the emotions (1-10)** | **What did I do? What didn’t I do? What helped me cope? What did I avoid?** | **Were there any physical changes that occurred? What physical sensations happened to my body?** |