

Hourly Emotion Record

Name: _____ Date: _____

Instructions: On the hour rate how strongly you've felt happy and then how strongly you've felt sad over the past hour using a 0–10 scale. You are free to write notes in the right column to remind yourself of any situation that might have affected your mood during that hour.

Hour	Rating of happiness	Rating of sadness	Optional notes
5:00 A.M.			
6:00 A.M.			
7:00 A.M.			
8:00 A.M.			
9:00 A.M.			
10:00 A.M.			
11:00 A.M.			
12:00 (noon)			
1:00 P.M.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 A.M.			

Negative Thought Record

Name: _____ Date: _____

Instructions: In the next week, observe changes in your mood state. When you experience an increase in depressed feelings, write down the date, time, and circumstances associated with this experience. Next rate the intensity of your sad, depressed, or blue feelings on a 0–10 scale, where 0 = no evidence of depressed feelings; 5 = your average level of depression; 10 = your most severe state of feeling depressed. Finally, write down any negative thoughts you had at the time: thoughts about yourself, a situation, your future, or other people.

Date and time	Situation related to depressed mood	Intensity of depressed mood (0–10)	Negative thoughts (my inner critical voice)

Evidence-Gathering Form

Name: _____ Date: _____

Instructions: Write down the self-critical thought that most often occurs during your periods of negative mood. Record any reasons you can think of or experiences you have had that support the negative “hot thought”; then record all of the reasons and experiences that do not support it. Over the next 2 weeks, observe your experiences and write down things that have happened that confirm or deny the negative “hot thought.”

Record your self-critical “hot thought”: _____

Evidence that confirms the self-critical thought	Evidence that refutes the self-critical thought
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

Cost/Benefit Analysis Form

Name: _____ Date: _____

Instructions: Write down the negative and alternative thoughts you are evaluating in the spaces provided. Then make a list of the costs and benefits that would occur if you accepted the negative thought or accepted the alternative thought. This should be based on your own reasoning and past experiences.

Part A. Record the negative thought you are evaluating: _____

Benefits of accepting the negative thought	Costs of accepting the negative thought
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

(cont.)

Cost/Benefit Analysis Form *(cont.)*

Part B. Record the alternative thought you are evaluating: _____

Benefits of accepting the negative thought	Costs of accepting the negative thought
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

Action Plan Form

Name: _____ Date: _____

Instructions: Write down the negative and alternative thoughts you are evaluating with this action plan. Next, in the left column, describe in specific terms what you will do to implement the action plan. In the center column, record what you actually did when you carried out the action plan. Record some observations about the outcome in the final column: What happened when you carried out the action plan? What was expected or unexpected? Did the outcome confirm the negative thought or its alternative?

Negative thought evaluated: _____

Alternative thought evaluated: _____

Your action plan	How you carried out the action plan	Action plan outcome

Hourly Behavior Record

Name: _____ Date: _____

Instructions: On the hour, make a brief note on what you have been doing (i.e., your behavior or activity during the past hour). Next, rate how strongly you feel a sense of accomplishment or mastery, and then how strongly you felt enjoyment or pleasure from the activity. Use a 0–10 scale for each rating.

Hour	Main activity or behavior (during past hour)	Accomplishment (0–10)	Enjoyment (0–10)
5:00 A.M.			
6:00 A.M.			
7:00 A.M.			
8:00 A.M.			
9:00 A.M.			
10:00 A.M.			
11:00 A.M.			
12:00 (noon)			
1:00 P.M.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 (midnight)			

Rumination Impact Statement

Name: _____ Date: _____

What I hope to achieve (benefits) by thinking over and over about this problem, or about my experience of feeling sad or blue	What negative effects (costs) are associated with thinking over and over about this problem, or about my experience of feeling sad or blue
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Brooding Diary

Name: _____ Date: _____

Instructions: Immediately after a naturally occurring rumination episode, use this record form to write down what you were thinking about over and over again when you were ruminating. Don't worry about whether you've recorded what you were thinking in the correct column. What is important is that you write out your ruminations so you can refer to this record during your brooding session. Focus on how you are thinking in a self-critical, self-blaming manner.

Thinking about causes for my sadness/situation	Thinking about how I am dealing with feeling sad or depressed	Thinking about the consequences/outcomes of feeling depressed

Memory Reconstruction Form

Name: _____ Date: _____

Instructions: Select a past negative experience that you frequently recall and that makes you feel upset, distressed, or unhappy. First describe everything about that experience that you remember in the left-hand column. Then work on trying to remember things about the experience you may have forgotten by recalling specific details about the experience you normally don't think about. You could also ask a friend or family member who was present during the past experience to help you recall forgotten aspects of the experience.

Things I remember clearly about the negative experience	Things I've forgotten about the negative experience
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Crystal Ball Inventory

Name: _____ Date: _____

Instructions: Think about the goals, expectations, and aspirations you have for yourself. Make a list of the negative expectancies, outcomes, or goals in your life that seem hopeless to you, and then list the life expectancies, outcomes, and goals that remain hopeful of achieving at some point in your life.

How the future looks hopeless to me	How the future looks hopeful to me
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Defining Values Form

Name: _____ Date: _____

	Positive/pursue	Negative/avoid
Activities that affect life satisfaction		
How I could be remembered		

Social Network Inventory

Name: _____ Date: _____

Instructions: Complete this inventory over several days when you are in a positive mood state. Brainstorm a list of people you have contact with, either face to face or long distance through telephone, email, or social media. Note how often you have contact (i.e., several times a day to once or twice a year) and the approximate date of your last contact (e.g., several weeks ago). Then rate your personal level of enjoyment when associating with each person; use a scale from 0 = absolutely no enjoyment to 10 = extremely enjoyable experience. Finally, note any interpersonal problems or issues you have with each person that might affect the relationship.

Name of person	Frequency of contact (note date of last contact)	Rate enjoyment (0–10)	List any interpersonal conflicts/issues
Family members			
Friends			
Coworkers			
Acquaintances			

Small Pleasures Record

Name: _____ Date: _____

Instructions: Use the chart below to write down all the small comforts that happen to you throughout the day (in the left-hand column). In the right-hand column, record the brief acts of kindness and caring that you receive from others during the day. It is likely that many small comforts and acts of kindness occur in your daily life, but you don't recognize them because you are so busy (or depressed). This exercise will help you focus on comfort or kindness that occurs in the moment.

Calming, peaceful, pleasurable momentary experiences	Small expressions of kindness and caring by others
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Self-Compassion Image Form

Name: _____ Date: _____

Instructions: Using the following table, list in the left-hand column the personal characteristics, attributes, or qualities that you consider examples of being a good person. In the right-hand column think of a person in your life who was compassionate and then list the characteristics and qualities that made him or her compassionate. Combine the two lists to construct an ideal image of goodness and compassion that is unique to you.

List of personal goodness (e.g., positive attributes, characteristics)	Qualities of compassionate ideal person
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Weekly Exercise Log

Name: _____ Date from: _____ to: _____

Instructions: Complete the log after each exercise session. Periodically review your weekly logs to evaluate your physical fitness progress.

Day	Exercise activity	Duration	Effort (0–10)	Enjoyment (0–10)	Observed effects on mood state during and after exercise
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Sat.					
Sun.					

Note. Duration: Length of exercise session (minutes). Effort: Rate degree of effort needed to complete the exercise, from 0 (exercised with ease) to 10 (exceedingly difficult; took everything in my power to finish the exercise session). Enjoyment: Rate degree of enjoyment during and immediately after the exercise session, from 0 (not even a moment of enjoyment) to 10 (almost continuous enjoyment during and after exercise). Observed effects: What were you thinking and feeling during your exercise session and afterwards? Were there any noticeable effects on negative mood, depressive rumination, worry, or self-criticism?

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Procrastination/Avoidance Record

Name: _____ Date: _____

Instructions: Write down the various personal situations, tasks, or difficulties you are currently facing in your daily life that you are postponing or otherwise avoiding at this time. Focus on problems that affect your mood state. Then go back over the procrastination/avoidance checklist in Repair Strategy 68, and write down which of the reasons listed there might be responsible for your continued avoidance of this situation or problem. Finally, write down the actual and anticipated consequences of procrastination/avoidance that contribute to a more negative mood state. These will be any detrimental effects on work, family, health, or your quality of life.

Personal problem, situation, or task procrastinated/avoided	Reasons for procrastination/avoidance	Consequences of procrastination/avoidance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Happiness Diary

Name: _____ Date: _____

Instructions: Take notice of the positive experiences in your day, regardless of their significance. Then rate the level of positive emotion you felt with each experience on a 0–10 scale (0 = no positive emotion, 10 = maximum positive emotion). Finally, note the consequences of the experience: How did it affect your mood state and relations with others?

Briefly describe positive experience, activity, event	Level of positive feeling (0–10)	Consequences or impact of positive experience on your mood, behavior, and/or relations with others

Personal Positive Characteristics Record

Name: _____ Date: _____

Instructions: Take time to reflect on the following six major areas of personal life. Use the questions in the left column to think about the strengths you bring to each of these domains. Write down practical examples of these strengths in the right column, and use the center column to rate your perceived level of success in each life domain on a five-point scale where 0 = no success and 5 = complete/total success.

Life domains	Rate level of success (0–5)	Give examples of personal strengths associated with this domain
<p>A. Relationships What are your strengths in how you relate to your partner, family, friends, even strangers? How do you treat people in a positive manner? Why do you think people like you or want to associate with you? What do you think people appreciate or value about you?</p>		
<p>B. Achievement What are your strengths in how you approach work, learning, being productive? What are your attitude and habits toward work? What positive comments have you received from supervisors, coworkers, or formal work evaluations? What makes you productive or successful in your work?</p>		
<p>C. Health and well-being What are your strengths in self-care? How have you taken care of your physical and mental health? What do friends and family notice about your approach to self-care? What health and well-being habits do you practice that might be an example to others?</p>		

(cont.)

Personal Positive Characteristics Record *(cont.)*

Life domains	Rate level of success (0–5)	Give examples of personal strengths associated with this domain
<p>D. Leisure and recreation What are your strengths in pursuing leisure, recreation, having fun? Do you know how to relax and have fun on occasion? In what ways do you promote relaxation and leisure in your life? What is it that others might admire in your approach to leisure and recreation?</p>		
<p>E. Civic duty and responsibility What are your strengths in duty to country, state/ province, and community life? What are some of the things you've done for your country or community? How have you shown leadership or initiative in your civic activities? What qualities of good citizenship do you possess?</p>		
<p>F. Spirituality What are your strengths in nurturing a sense of spirituality, the transcendence in your life? How do you practice spiritual awareness? How is a higher meaning or purpose present in your life? What have you done to nurture greater spiritual awareness?</p>		