

Recording Sheet

| <b>Date/time</b> | <b>Rating</b> | <b>What was happening at the time</b> | <b>What I did in response to the feelings</b> | <b>Re-rating</b> |
|------------------|---------------|---------------------------------------|---|------------------|
|                  |               |                                       |   |                  |
|                  |               |                                       |   |                  |

