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FORM 9.3

Four-Column Thought Form

Directions: Each of us has a particular style of thinking. On this form, please note the situation (e.g., sitting at home alone, talking with someone, doing your work) that is associated with a negative feeling (e.g., sad, angry, anxious). Then note the specific thoughts that you are having that are associated with this feeling in this situation. Using the checklist of automatic thought categories, note the specific category of your negative thought. After you have completed this form for a few days, make a list of the most common biases in your thinking and how this might affect the way that you feel.

Situation	Feeling	Automatic thought	Category of thought