

# CBT DAILY PRACTICE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thoughts: \_\_\_\_\_

Emotions (Name emotion): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Often: \_\_\_\_\_

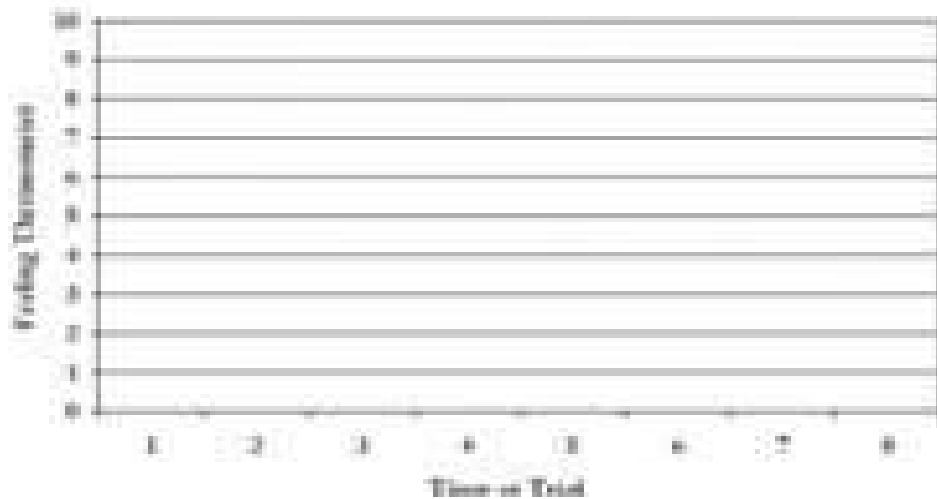
How Long: \_\_\_\_\_

What to Focus On (CBT Technique): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beliefs: \_\_\_\_\_



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