Reframing Negative Thoughts Worksheet

Name: _____ Mental health professional: _____

Date: _____ dd / mm / yyyy

Initial negative thought 1:

Reframed thought 1:

Initial negative thought 2:

Reframed thought 2:

Initial negative thought 3:

Reframed thought 3:

Initial negative thought 4:

Reframed thought 4:

Initial negative thought 5:

Reframed thought 5:

Initial negative thought 6:

Reframed thought 6:

Initial negative thought 7:

Reframed thought 7:

Additional notes: