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| --- | --- | --- | --- | --- | --- |
| **Date/ time** | **Situation or trigger** | **Emotion**  ***How intense is the emotion 0-100%*** | **Physical sensations** | **Thoughts or images**  ***How much do I believe these 0-100%*** | **Behaviour**  ***What I did as a result*** |
|  |  |  |  |  |  |