

Name \_\_\_\_\_

Date \_\_\_\_\_

Event No. \_\_\_\_\_

### 5. Planning to Get More Evidence about a Causal Thought

Complete one of these worksheets for each causal thought that you and your therapist have identified on worksheet 3 (ie. Agreed 'Causal' Thoughts on 3. Identifying the Causal Thought/s).

<b>Causal Thought.</b> _____
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Can you think of ways to gather more evidence or information about the causal thought? Would it help to:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Ask someone a question?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Get information from a book or library?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Get information from the internet?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Conduct an experiment?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Talk to a friend?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Arithmetically estimate the likelihood of the Causal Thought?<br>(see worksheet 7)                 | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Use a "Responsibility Pie"? (see worksheet 8)  | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Review the way you used to act and think before you<br>developed your condition? (see worksheet 9) | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Review the risks you take in other situations?<br>(see worksheet 10)                               | <input type="radio"/> Yes | <input type="radio"/> No |
| 10. Review the way that other people act? (see worksheet 11)  | <input type="radio"/> Yes | <input type="radio"/> No |
| 11. Examine what an author might do with your Causal Thought?<br>(see worksheet 12)                   | <input type="radio"/> Yes | <input type="radio"/> No |
| 12. Do something else (creative)?   | <input type="radio"/> Yes | <input type="radio"/> No |

If you answered yes to any of these questions, please describe your plan(s) to gather evidence below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Therapist's suggestions:

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