Name: **Behavioral Experiment Record** Date:

**Part 2: Reviewing the Results of the Experiment**

|  |  |
| --- | --- |
| 7. What were the results of the experiment?  | 8. Review the predictions you listed in box 3. Were they accurate?  |
| 9. How do the results relate to the alternative perspective you listed in box 4?  | 10. Re-rate your degree of belief in the beliefs you listed in boxes 1 and 4.  |
| 11. What did you learn from the experiment? What are the practical implications? |

Adapted from form developed by Oxford Cognitive Therapy Centre