Name: **Behavioral Experiment Record** Date:

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

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| 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