| **Date/Time** | **Situation** | **Hot Flash** | **Thought(s)** | **Emotion(s)** | **Behavior(s)** |
| --- | --- | --- | --- | --- | --- |
| Intensity (1-10) | Distress (1-10) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |