

Cognitive Distortions Inventory

The Cognitive Distortions Inventory explores the main thinking patterns addressed in CBT. Each distortion is assessed by five items spread across varied contexts in order to distinguish a stable cognitive tendency from a reaction tied to a particular situation. Designed as an aid to clinical observation, it supports hypothesis formulation, guides the interview, and helps target cognitive restructuring work.

Number of questions	50 questions
Estimated duration	12 minutes
Language	English
Original name	Cognitive Distortions Inventory
Target audience	Adults
Category	Depression, Anxiety, General

Preview of the 50 questions

When I don't succeed perfectly at a task, I feel like I've completely failed at it.

Never | Rarely | Sometimes | Often | Very often

After a single failure, I tell myself, "I never get it right."

Never | Rarely | Sometimes | Often | Very often

When feedback is positive overall, I mostly remember only the criticism.

Never | Rarely | Sometimes | Often | Very often

When someone pays me a compliment, I tell myself the person is just being polite.

Never | Rarely | Sometimes | Often | Very often

I assume I know what others think of me, even without any proof.

Never | Rarely | Sometimes | Often | Very often

The full questionnaire (50 questions) is administered online on Mentaal.

Administer this questionnaire online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org

Scoring & interpretation

Automatic scoring with Mentaal

The scored results will be sent to you automatically as soon as your patient completes the questionnaire. Here's an example:

Scoring

Emotional reasoning — 15 / 20

Treating one's emotions as proof of reality ("I feel it, so it must be true").

Often involved in: anxiety and depression (transdiagnostic mechanism).

Mental filter (selective abstraction) — 14 / 20

Retaining only the negative elements of a situation while overlooking its positive aspects.

Often involved in: depression and anxiety (negative attentional bias).

Catastrophizing / negative anticipation — 13 / 20

Anticipating the worst and magnifying the seriousness or consequences of an upcoming event.

Often involved in: anxiety disorders, anticipatory anxiety, chronic pain, and hypochondria.

Overgeneralization — 12 / 20

Drawing a general, definitive rule from a single negative event ("always," "never").

Often involved in: depression and anxiety disorders.

Rigid demands ("should" / "must") — 12 / 20

Imposing absolute rules on oneself or on others, a source of guilt or disappointment.

Often involved in: perfectionism, performance anxiety, guilt, and exhaustion.

Disqualifying the positive — 11 / 20

Actively rejecting or devaluing positive experiences, which are deemed unimportant or put down to chance.

Often involved in: depression, low self-esteem, and impostor syndrome.

Labeling 11 / 20

Defining oneself or others by a global, fixed label rather than by a specific behavior.
Often involved in: low self-esteem, shame, depression, and personality patterns.

Dichotomous thinking (all-or-nothing) 10 / 20

Perceiving situations in extreme categories, with no nuance or middle ground (total success or total failure).
Often involved in: depression, personality disorders, eating disorders, and perfectionism (cognitive rigidity).

Mind reading 10 / 20

Inferring what others think without any evidence (most often to one's own disadvantage).
Often involved in: social anxiety, relationship difficulties, mistrust, and avoidance.

Personalization / blame 3 / 20

Taking responsibility for negative events that are not entirely within one's control.
Often involved in: excessive guilt, social anxiety, trauma, and abandonment/rejection schemas.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

Summary

The responses highlight a high frequency of self-deprecating thoughts, a marked focus on negative aspects at the expense of successes, and a tendency to attribute difficulties to global personal causes. There is also a propensity to anticipate pessimistic scenarios, to doubt the sincerity of others, and to perceive social judgments unfavorably. Some items suggest a dichotomous view of oneself and of experiences, as well as a vulnerability to feelings of excessive responsibility and pronounced self-criticism. These elements could indicate fragile self-esteem and unfavorable cognitive patterns, potentially contributing to a persistently negative perception of oneself and of situations.

Each item is rated on a frequency scale from 0 (never) to 4 (very often). The score for each distortion identifies how frequent the thinking patterns are and helps guide the clinical interview. The higher the score, the more frequent the cognitive distortion.