MONITORING FORM – NEGATIVE AUTOMATIC THOUGHTS				
Situation	Automatic Thoughts	Emotion	Evaluation	Outcome
What situation led to an unpleasant emotion?	What thoughts or images went through your mind?	What emotion did you feel (anger, sadness, anxiety)? How strongly (0-10)?	What is the evidence? Is there an alternative view? What is the worst that could happen?	New emotion rating and results of behavioral experiments
Lying in bed unable to fall asleep	If I don't get to sleep, I'm going to be exhausted tomorrow and won't have energy to do work	Anxious (60%) Frustrated (80%)	Poor night's sleep may interfere in some way, but I can still do plenty of things.	Anxiety (20%) Frustrated (40%)
Feeling tired at work	Chronic Insomnia may have serious consequences for my health	Fear (70%)	No one has died from insomnia. If it was very bad for my health I would have heard it by now	Fear (20%)