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| **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* |
| .Getting ready for work | I didn’t sleep at all last night. Today is going to be terrible. | Angry (60%)Anxious (40%) | I didn’t sleep great last night, but slept some and in the past I’ve had good days without a good night’s sleep. | Angry (30%)Anxious (30%) |
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