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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* |
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