

DATE & TIME:

## MONITORING YOUR THOUGHTS (COGNITIVE DISTORTIONS)

When you notice yourself feeling upset, ask yourself, "What is going through my mind right now?" As soon as possible jot down the thoughts in the automatic thought section.

### Situation/Trigger

What event or stream of thoughts, daydreams, or memories, led to the current distress?

### Thoughts, Beliefs, & Interpretations:

What thoughts or images went through your mind?

Probability each one is true (0-100%)?

### Worst Possible Outcome?

### Thinking Errors/Cognitive Distortions:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> All or Nothing  | <input type="checkbox"/> Mind Reading        | <input type="checkbox"/> Labeling                  | <input type="checkbox"/> "Should" or "Must"         |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Emotional Reasoning | <input type="checkbox"/> Overgeneralization        | <input type="checkbox"/> Inappropriate comparisons  |
| <input type="checkbox"/> Catastrophizing | <input type="checkbox"/> Filtering           | <input type="checkbox"/> Interpersonal Sensitivity | <input type="checkbox"/> Disqualifying the Positive |
| <input type="checkbox"/> Personalization |  |  |   |

### Symptoms/Feelings as you feel as you have these thoughts:

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Sad        | <input type="checkbox"/> Angry           | <input type="checkbox"/> Hateful     |
| <input type="checkbox"/> Ashamed    | <input type="checkbox"/> Annoyed         | <input type="checkbox"/> Discouraged |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Other:      |

### Current Level of Distress:

0      1      2      3      4      5      6      7      8      9      10

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None                      Slight                      Moderate                      A lot                      Extreme

### Problematic Behaviors & Outcomes:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Overcompensating    | <input type="checkbox"/> Avoidance                   | <input type="checkbox"/> Procrastination         | <input type="checkbox"/> Slowness                             |
| <input type="checkbox"/> Giving up too soon  | <input type="checkbox"/> Hoarding                    | <input type="checkbox"/> Repeating & correcting  | <input type="checkbox"/> Excessive checking & reassurance     |
| <input type="checkbox"/> Failure to Delegate | <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Trying to change others | <input type="checkbox"/> Excessive organization & list making |
| <input type="checkbox"/> Other:              |  |  |   |