

| Date & Approx Time you experienced the urge. | Briefly describe the situation in which you felt an urge: | What feeling(s) were you most aware of? Rate the intensity of urge and feeling from 0-10 (10=extreme) | What were your thoughts? What was your mind saying to you during this? | What bodily sensations did you have (stomach, breathing, head, etc.)? | What did you do when you felt that way? What was the outcome? |
|--|---|---|--|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

If you need additional space, use back.