

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.