

Charting Your Progress with Cravings Management

By Peggy L. Ferguson, Ph.D.

Time (Date/Time/Day of the Week) **Location** (Where I am physically) **Activity** (What I was doing just before I became aware of the craving)

Thoughts/Feelings (What was I thinking and/or feeling before becoming aware of the craving)

Intensity of the craving (from least =1 to max = 10) **Duration** (How long did the craving last)

Response (What did I do with the craving (e.g., used thought stopping, engaged in the problematic behavior, did something else to occupy my thoughts and time until the craving went away, etc.)

Examples:

Time	Location	Activity	Thoughts/Feelings	Intensity	Duration	Response
1/15/12 5:15 pm Thursday	6th & Monroe	Driving past convenience store	I need to stop on the way home for beer	4	15 seconds	Reminded myself I don't drink anymore.
1/17/12 2:30 pm Saturday	At home; in living room	Watching tv.	I'm bored; lonely; antsy	5	30 minutes	Found something else to do- read my Big Book, emptied dishwasher, started laundry
1/18/12 6:00 pm. Sunday	Home	Straightening up house; doing laundry, Thinking about what to wear to work next week	Thinking about work and all the things I need to do next week; feeling anxious	8	43 minutes	Reminded myself to take life one day at a time, made a list of things I need to do for/at work; identified priorities; did 1 thing I could do today and rested.

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2012, Charting Your Progress with Cravings Management Worksheet
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www.peggyferguson.com

www.stillwatermarriagecounselor.com

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