Identification of Cravings Worksheet

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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.)

Date/Time/Day	Location	Activity	Thoughts/Feelings	Intensity 1 -10	Duration	Response