

2023, Cravings Management Tracker:
 Measure Your Achievements
 By Peggy L. Ferguson, Ph.D.

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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 most = 10) **Duration** (How long did the craving last?)

Response (What did I do with the craving? Examples: used thought stopping, engaged in the problematic behavior, did something else to occupy my thoughts and time until the craving disappeared, 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 minutes	Reminded myself I don't drink anymore, stopped by AA friend's house on the way home instead
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, made a list of reasons why I want to be sober
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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Note: This Worksheet was updated and modified from the 2013 "Combating Cravings With the Truth" Worksheet.

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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.)

Time	Location	Activity	Thoughts/Feelings	Intensity	Duration	Response

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