

Controlling Your Urges

Complete this form when you feel the urge to do something you know is self-defeating or harmful.

Date: _____

Time: _____

Describe your urge.

What triggered this urge?

What will be the negative consequences of giving in to this urge?

What will be the positive consequences of controlling your urges?

What can you do instead of giving in to your urges?

Who can you call or contact that can give you support to control your urges?

Rate your urge from 1 to 10, with 1 = my urges are gone, and 10 = my urges are as strong as ever: _____