Urging Surf Worksheet

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Date:

Patient's Name:

Physician's Name:

Trigger

Rise

Peak

Fall

Please identify and describe the trigger.

What are you feeling, or how is your body reacting to the trigger?

When did they start and stop?

What will happen if you don't change or get rid of your urges?

Anything more you want to share?

Remind yourself that . . .

I can manage triggers by . . .

I can take my mind off of my urges by . . .