

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# Craving and Trigger Tracker

**Instructions:** Complete one worksheet daily for as long as needed. Complete each column, and store your worksheets in a safe place. Review your answers later to identify patterns and themes.

Date & Time

Rating  
1-10

What triggered my  
craving?

Where was I? Who  
was there?

How did I cope?  
How did I feel?

New ways I could  
cope in the future