**AWARENESS CHART**

**On your mark, get set, CHART….**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | How many deviant thoughts/fantasies/urges did you have? | Rate your strongest arousal | Rate the overall strength of thoughts/fantasies/urges | What was the trigger?  Check all that apply | The trigger happened when I was…  Check all that apply | When the trigger happened my mood was… |
| Sun | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Mon | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Tue | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Wed | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Thur | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Fri | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |
| Sat | □ none  □ 1 – 5  □ 6 – 10  □ 11 – 20  □ 21 or more | □ Low  □ Medium  □ High | □ Low  □ Medium  □ High | □ A sight  □ A sound  □ A touch  □ A taste  □ An odor | □ At home  □ At work  □ On an outing  □ On transportation  □ Other \_\_\_\_\_\_\_\_ | □ Positive  □ Negative |