**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 |