SKIN-PICKING MONITORING FORM **DATE:** _____

Date/ Time	Duration: How long did you pick for?	Location: Where were you?	Activity: What were you doing before picking?	Strength of urge to pick on a scale of 0 to 10, where 0 is no urge	Degree of awareness of picking on a scale of 0 to 10, where 0 is no awareness	Notable feelings before you picked	Notable thoughts or images before you picked	Notable sensations before you picked (e.g. itching or burning)
1.								
2.								

CR021 - Overcoming Body Image Problems.qxp 1/21/09 8:16 PM Page 273