

HABIT REVERSAL FORM

| Site: Where did you pick? | What effect did picking have on your feelings? | What effect did picking have on your thoughts? | What effect did picking have on your sensations? | How strong was your effort to resist picking on a scale of 0 to 10, where 0 is no effort at all | What did you do to try to resist picking? |
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| 1. | | | | | |
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| 2. | | | | | |
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