Date	Time Began	Time ended	Location (Where were you)?	Activity (What were you doing)?	Strength of Urges (rate 0 - 10)	Degree of Awareness (rate 0 - 10)	Notable Feelings	Notable Thoughts	Notable Sensations	Site: S: scalp B: brows L: lashes P: pubic O: other	Strength of efforts to Resist (rate 0 - 10)	No. Pulled	Tactics & Results	Comments & Observations

Figure 2. Template for developing a self-monitoring form.