

CRAVING MANAGEMENT WORKSHEET

Recognize the urge. Understand the pattern. Choose your next step. This worksheet can be used independently or with a therapist, counselor, or recovery support professional.

Date: _____ Time: _____ Location: _____

1 | Notice the craving

What happened just before the craving started? (Describe the facts, not assumptions.)

Rate the urge now: 0 (none) 1 2 3 4 5 6 7 8 9 10 (extreme)

How long has it been present? _____ What substance or behavior is the urge about?

2 | Find the four influences

Check anything that might be contributing. More than one can apply.

BRAIN / REWARD	BODY / PHYSICAL
☐ Expecting pleasure or relief	☐ Poor sleep or fatigue
☐ Memories or anticipation	☐ Hunger, pain, or illness
☐ Strong attention toward substance cues	☐ Withdrawal symptoms or discomfort
HABIT / ROUTINE	ENVIRONMENT / SOCIAL
☐ Same time of day or day of week	☐ Familiar place, music, or smell
☐ After work / before bed / weekends	☐ Friends, parties, or social pressure
☐ Repeating an old sequence	☐ Texts, social media, or conflict

3 | Thoughts, emotions, and body signals

Automatic thought: What did my mind tell me?

Emotion(s): ☐ anxious ☐ angry ☐ lonely ☐ sad ☐ bored ☐ excited ☐ other: _____

Body signals: ☐ tension ☐ restlessness ☐ racing heart ☐ fatigue ☐ other: _____

MY RESPONSE PLAN

A craving is an experience, not an instruction. Choose actions that are realistic and safe for you.

4 | Pause and choose

Which actions can I take in the next 10 minutes? Select two or three.

- ☐ Move to a safer or less triggering location.
- ☐ Contact a trusted person, sponsor, counselor, or peer support.
- ☐ Practice slow breathing, grounding, or urge surfing.
- ☐ Drink water, eat something, or address fatigue when appropriate.
- ☐ Take a walk, stretch, or do another safe activity.
- ☐ Attend a meeting or use my agreed treatment plan.
- ☐ Other: _____

5 | Challenge the automatic thought

What did I tell myself? (Example: "I need to use to relax.")

What is a more balanced, recovery-supportive thought? (Example: "The urge is strong, but I have other ways to cope.")

6 | People and places that can help

Support person and contact: _____

Backup person and contact: _____

Safe place or activity I can use today: _____

7 | Recheck after trying a coping action

Action I tried: _____

Craving rating afterward: 0 1 2 3 4 5 6 7 8 9 10

What changed? What might I try next time?

MY PERSONAL CRAVING PLAN

Use this page to identify patterns over time and prepare for situations before they occur.

My three most common situations

1. _____
2. _____
3. _____

Early warning signs I notice

Thoughts:

Emotions or body sensations:

Changes in routines or behavior:

My if-then plan

IF I notice _____

THEN I will _____

IF that does not help, I will _____

When I need more support

I will contact my treatment professional or recovery support when cravings are escalating, repeated, or feel difficult to manage. If I am at risk of using, I will not handle it alone.

My clinician / program: _____ Phone: _____

Safety and support

If there is an overdose or immediate danger, call 911. In the U.S., SAMHSA offers treatment referrals at 1-800-662-HELP (4357) or findtreatment.gov. For opioid overdose risk, ask a clinician about naloxone. Alcohol and benzodiazepine withdrawal can be life-threatening; do not stop abruptly without medical guidance.

Reflection

One thing I did well today:

One small action I will take tomorrow:

Educational tool only; not a diagnosis or replacement for individualized clinical care. Based on established CBT, relapse-prevention, and craving-management approaches.