Self-Monitoring Log

Key: P=Picking; B=Biting; S=Scratching F=Fingernail; T=Toenail

Date	Time of Day	Length of P/B/S episode	Body area where P/B/S occurred	Rate urge to pick or bite (0-10)	Situation and Activity	Describe emotions and thoughts	What did you do with the nail or skin after P/B/S?	When did you notice the P/B/S? What did you do to stop or prevent the P/B/S?