

DAILY ALCOHOL MONITORING LOG

Name: _____

Year: 20_____

Date Month and Day	Total #. Drinks If no drinking, write "0"	Used Other Drug? Y = Yes N = No	Any Urges to Drink? Y = Yes N = No	Record Situations Related to Alcohol Use or Urges (e.g., alone, with others, social situation, sporting events)	When you had urges, or drank alcohol, record any thoughts or feelings you experienced (e.g., stress, anger, happiness).
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Weekly Total _____		USE THE BACK OF THIS PAGE FOR ADDITIONAL NOTES RELATED TO YOUR DRINKING (e.g., reasons for use)			

