

## DAILY DRUG MONITORING LOG

Name: \_\_\_\_\_

Year: 20\_\_\_\_\_

Primary Drug: \_\_\_\_\_

Second Drug: \_\_\_\_\_

Date Month and Day	Used Drugs Today? Y = Yes N = No		Total # Alcohol Drinks If no drinking, write "0"	Any Urges to Use Drugs Today? Y = Yes N = No	Record Situations Related to Drug Use or Urges  (e.g., alone, with others, social situation, sporting events)	When you had urges, or used drugs, record any thoughts or feelings you experienced (e.g., stress, anger, happiness).
	Primary	Second				
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

USE THE BACK OF THIS PAGE FOR ADDITIONAL NOTES RELATED TO YOUR DRINKING (e.g., reasons for use)

