

DAILY ALCOHOL SELF - MONITORING LOG

Name: _____

Week of: _____

Date	Total # of Drinks	Mindfulness Practice?	Was a Second Drug Used?	Did Your Drinking Cause You Problems?	Any Urges to Drink?	Drinking Situation		Describe the occasion.
						Alone	With Others	
Write in Month and Day	If you did not drink on this day, write 0.	Y = Yes N = No	Y = Yes N = No	Y = Yes N = No	Y = Yes N = No	Alone	With Others	
Mon.								
Tues.								
Wed.								
Thur.								
Fri.								
Sat.								
Sun.								

Weekly Total = _____

Use back for additional notes