

Drug Diary – week 1

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		WEEKLY REVIEW
Was I drug free today?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	DRUG FREE /7 DAYS
What drug/s did I use today?															DRUGS USED THIS WEEK
How much did I use today?															WEEKLY TOTAL
Did I use more or less than yesterday?	INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		TOTAL INCREASE
	REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		TOTAL REDUCTION
Intensity of cravings	RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		ARE CRAVINGS IMPROVING?
How can I do better tomorrow?															PLAN FOR NEXT WEEK

Drug Diary – week 2

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		WEEKLY REVIEW	
Was I drug free today?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	DRUG FREE /7 DAYS	
What drug/s did I use today?															DRUGS USED THIS WEEK	
How much did I use today?															WEEKLY TOTAL	
Did I use more or less than yesterday?	INCREASED BY	INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		INCREASED BY		TOTAL INCREASE
	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
	REDUCED BY	REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		REDUCED BY		TOTAL REDUCTION
	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Intensity of cravings	RATING /10	RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		RATING /10		HAVE CRAVINGS IMPROVED?
How can I do better tomorrow?															PLAN FOR NEXT WEEK	