

Daily Journal for Addictive Substances and Behaviors

Name _____ Date _____ Day: M T W Th F Sa Su

How much/how long = How much of the substance you consumed or how long you engaged in the activity

Setting = Where you were and what else you were doing

Influences = How the environment and other people influenced your activity

Emotions/thoughts = What you felt and thought about what you did and about yourself

Consequences = How your behavior or feelings changed in response to the substance or activity

Substance or activity to monitor: _____

Time	Substance/activity	How much/ how long	Setting	Influences	Emotions/ thoughts	Consequences