



UK Therapy Guide

uktherapyguide.com

Tel: 0330 111 5227

Week Beginning: _____

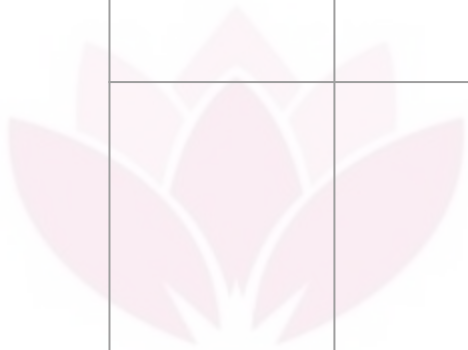
Date: _____ Time: _____

What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?
<i>Cocaine</i>	<i>In a bar</i>	<i>½ gram</i>	<i>I was drunk and wanted to have fun with my friends</i>	<i>8</i>	<i>I feel terrible today. I feel emotional.</i>	

EXAMPLE

Date: _____ Time: _____

What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



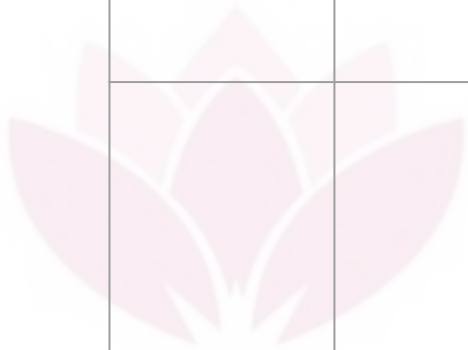
UK Therapy Guide

uktherapyguide.com

Tel: 0330 111 5227

Date: _____ Time: _____

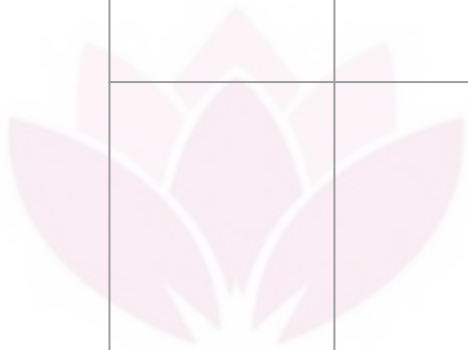
What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



UK Therapy Guide
uktherapyguide.com
Tel: 0330 111 5227

Date: _____ Time: _____

What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



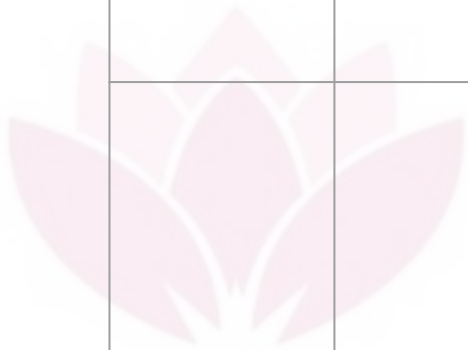
UK Therapy Guide

uktherapyguide.com

Tel: 0330 111 5227

Date: _____ Time: _____

What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



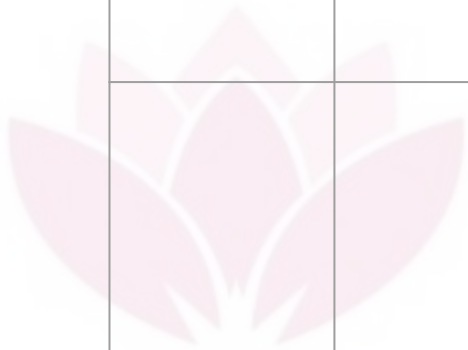
UK Therapy Guide

uktherapyguide.com

Tel: 0330 111 5227

Date: _____ Time: _____

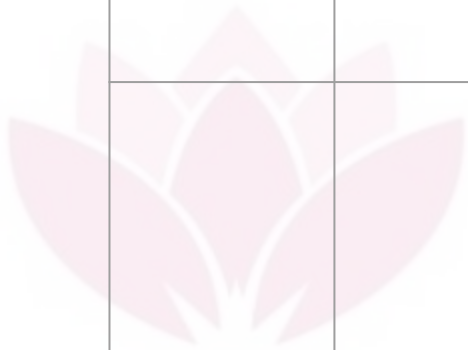
What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



UK Therapy Guide
uktherapyguide.com
Tel: 0330 111 5227

Date: _____ Time: _____

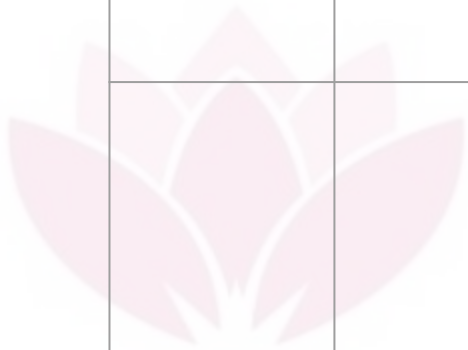
What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



UK Therapy Guide
uktherapyguide.com
Tel: 0330 111 5227

Date: _____ Time: _____

What type of drug did you consume?	Where were you? (Home, work, etc.)	How much did you consume?	What was your mood and state of mind at the time?	How affected did you feel? 1= A little or not at all 10= Very affected	Please describe how you feel now?	Did anything of interest or importance happen to you today?



UK Therapy Guide

uktherapyguide.com

Tel: 0330 111 5227