

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

Date: \_\_\_\_\_

Session #: \_\_\_\_\_ (administer at every session)

## What Has Happened Since Your Last Session?

In relation to the behavior(s) you are thinking about changing, please check the boxes in the circle below in regards to whether you engaged or had thoughts about the behavior(s).

<p>_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> When I felt the need to cope</li><li><input type="checkbox"/> When I felt the need to relax</li><li><input type="checkbox"/> When I just wanted to have fun</li><li><input type="checkbox"/> Out of habit</li><li><input type="checkbox"/> Other _____</li></ul>
<p><b>My goals for the next session are to.....</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not to do the following _____</li><li><input type="checkbox"/> Do _____</li><li><input type="checkbox"/> Work on one of my life goals</li><li><input type="checkbox"/> Other _____</li></ul>	<p><b>When I thought about the behavior(s) I want to change, I.....</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Did something else</li><li><input type="checkbox"/> Thought about the consequences</li><li><input type="checkbox"/> Avoided engaging in the behavior</li><li><input type="checkbox"/> Talked to someone about it</li><li><input type="checkbox"/> Other _____</li></ul>

**My week was....**

0 1 2 3 4 5 6 7 8 9 10

lousy not so great okay better than usual fantastic