

Self-Monitoring Logs for Drug Use

MONITORING YOUR DRUG USE

SELF-MONITORING your drug use is an important part of this program. It can help you:

- Record accurate information about your drug use and any changes you make.
- Evaluate your progress toward your goals. Even when you don't use, you record a "0" for that day.
- Identify high-risk situations by looking at days on which you used drugs. Such information allows you and your therapist to develop better coping strategies and alternatives for drug use situations.
- Identify situations in which you did not use drugs.

Although self-monitoring might appear time-consuming, keeping records of certain activities is not unusual. Athletes, salespeople, stockbrokers, and others keep track of their progress. **Keeping track of your behavior can help you achieve your goals.**

Although self-monitoring requires some time and commitment, clients who have self-monitored their drug use report that it provides a better understanding of how much they use and of situations related to their drug use.

- We want you to keep track of your daily drug use and to **bring your logs to each session.**
- It is important to keep accurate records. **There are no rights or wrongs** in recording what you use.
- Self-monitoring is intended to **help you and your therapist look at how you are changing.**

INSTRUCTIONS

Remember to bring your completed logs to your next appointment.

- At the top of the form, write your name and the primary drug for which you are seeking treatment. If you will be monitoring a secondary drug (e.g., cocaine), write the name of the drug in the space provided.

For Each Day

- Starting on the day of your assessment, write the **Date** in the first column on the line that corresponds with the day of the week. For example, if you were seen on Wednesday, Nov. 9th, write Nov. 9 on the line that has Wednesday in the first column
- Next, write "**Y**" for Yes or "**N**" for No in the column **Used Drugs?** for your primary and your secondary drugs.
- Then record the total number of standard drinks of alcohol at the end of each day and write this amount in the **Total No. of Drinks** column. If you did not drink on that day, then write "0" in this column. This column is included because it is helpful to see how your drug and alcohol use are related.
- In the column, **Urges to Use Drugs?** answer by writing "**Y**" for Yes or "**N**" for No.
- In the **Situations Related to Your Drug Use or Urges** column, write down where you were and who you were with when you used drugs or felt a desire to use. In the last column, you can note your **thoughts and feelings** at the time. On the back of each log sheet, space is provided to make additional notes related to any of your drug use situations.

An example of a completed self-monitoring sheet is on the next page. To increase recording accuracy, it is important to record your drug use at the end of each day. If you forget, then record your drug use at the beginning of the next day.

(cont.)

Self-Monitoring Logs for Drug Use (page 2 of 4)

SAMPLE DAILY DRUG USE SELF-MONITORING LOG

Name: John Smith

Year: 2010

Primary Drug Used: Marijuana

Second Drug Used: Cocaine

Date	Used Drugs? Y = Yes N = No		Total # of Drinks	Urges to Use Drugs? Y = Yes N = No	Situations Related to Your Drug Use or Urges (alone, social situation)	Thoughts or Feelings Experienced When Using Drugs or Had Urges
	Primary	Secondary				
Write Month and Day			If no drinking, write "0"			
Mon. Jan 4	N	N	0	N		
Tues. Jan 5	N	N	0	N		
Wed. Jan 6	Y	N	1	N	At home. Had 1 beer. Smoked a joint after dinner.	Bored
Thur. Jan 7	N	N	0	N	Went to dinner with friends. wanted to drink but didn't.	Anxious, but proud later
Fri. Jan 8	Y	Y	5	Y	At a friend's party, felt like enjoying myself, but overdid it.	Wanted to let loose. Thought I would stop earlier.
Sat. Jan 10	Y	Y	2	N	Worked on car; drank beers.	Felt good, not intoxicated.
Sun. Jan 11	Y	N	8	Y	At football game with friends; spent the evening in the bar.	Wanted friends to like me; after drunk didn't care.

(cont.)

Self-Monitoring Logs for Drug Use (page 3 of 4)

DAILY DRUG USE SELF-MONITORING LOG

Name:

Year:

Primary Drug Used:

Second Drug Used:

Date	Used Drugs? Y = Yes N = No		Total # of Drinks If no drinking, write "0"	Urges to Use Drugs? Y = Yes N = No	Situations Related to Your Drug Use or Urges (alone, social situation)	Thoughts or Feelings Experienced When Using Drugs or Had Urges
	Primary	Secondary				
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						
Sat.						
Sun.						

(cont.)

