

## Substance Use Tracking Sheet

Goal: \_\_\_\_\_

Activity to Support Goal: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Used planned activity? Yes/No							
Feeling and rating (0-10) before activity?							
Feeling and rating (0-10) after activity?							
# drinks/day							
Drugs? Yes/No							
If yes to drug use, which drugs?							