



Use the chart below to record how often you use any substances this month by making a check in the substance row on the day(s) you used it. If you like, you can also use the notes section to describe what you used and how you felt on those days.

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
ALCOHOL																																	
TOBACCO																																	
MARIJUANA																																	
RECREATIONAL DRUGS																																	

NOTES

DAY	TIME	LIST SUBSTANCE(S) USED / ANY ADDITIONAL NOTES

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