

Daily Abstinence Drug Diary.

Date: _____

<u>2020</u>	What was my drug/s of choice (including alcohol and gambling)	How long I am substance free.	How has my thinking and behaviour changed?	What I'm doing to stay clean and sober.	The overall benefits I feel from being clean and sober.
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					
Mon					