

Date: _____

Daily Harm Reduction Diary. No. 1

Name _____

	<u>When I last drank/used/gamble</u>	<u>What triggered me to drink/use/gamble</u>	<u>How much did I drink/use gamble</u>	<u>How I felt when I stopped</u>	<u>What is my plan for change</u>
<u>Tues</u>					
<u>Wed</u>					
<u>Thurs</u>					
<u>Fri</u>					
<u>Sat</u>					
<u>Sun</u>					
<u>Mon</u>					