

Substance Use Self-Monitoring Log

NAME: _____ START DATE: _____

Self-monitoring is an important part of this substance abuse intervention program. It can help you set goals and track your use. Patients who self-monitor can see how much they drink and/or use drugs and what environments relate to their use pattern. Self-monitoring will help you and your Molina Healthcare Care Manager track your progress.

INSTRUCTIONS:

1. You can use either the alcohol or drug log, or both logs. At the top of each log you use, write your name and the date.
2. For Each Day:
 - Column 1 – **Date:** Starting on the day of your assessment, write the date on the line that corresponds with the day of the week.
 - Column 2:
 - Alcohol Log – **Total # of Drinks:** Write the total number of drinks you drank that day.
 - Drug Log – **Type and Total # of Drugs:** List the drugs you used that day and how many times you used them.
 - If you don't drink and/or use drugs that day, write "0".
 - At the end of the week, fill in your Weekly Total. Write the total number of drinks or number of drugs used for the week.
 - Column 3 – **Did your drinking/drug use cause any health problems?:** Answer either "Y" for yes or "N" for no.
 - Column 4 – **Any urges to drink/use drugs?:** Answer either "Y" for yes or "N" for no.
 - Column 5: Tell us which **environments** relate to your alcohol/drug use or your urge to drink alcohol/use drugs.
 - Column 6: Tell us what **thoughts and feelings** you had related to drinking alcohol or using drugs.
 - Column 7 – **Did you attend any self-help groups?:** Answer either "Y" for yes or "N" for no.
 - Use the back of each log sheet to make additional notes related to your drinking and/or drug use.

Important: Record your drinking or drug use each day rather than trying to recall your use at the end of each week.

Remember to have your completed logs ready for your next phone contact with a Molina Healthcare Care Manager.

DAILY ALCOHOL SELF-MONITORING LOG

Name: _____ Year: _____

Goal: _____

1	2	3	4	5				6	7
Date	Total # of Drinks	Did your drinking cause any health problems?	Did you have any urges to drink?	Which environments relate to your alcohol use or urge to drink? (List all that apply.)				When you had urges to drink or drank, what thoughts or feelings were you experiencing?	Did you attend any self-help groups such as Alcoholics Anonymous (AA)?
Write in date below the day of the week	If you did not drink, write '0'	Y= Yes N= No	Y= Yes N= No	Alone	With Others	Private Place	Public Place		Y= Yes N= No
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
	Weekly Total: _____								

Important: Record your drinking use each day rather than trying to recall your use at the end of a week. Use back for additional notes.

DAILY DRUG SELF-MONITORING LOG

Name: _____ Year: _____

Goal: _____

1	2	3	4	5				6	7
Date	Type and Total # of Drugs	Did your drug use cause any health problems?	Did you have any urges to use drugs?	Which environments relate to your drug use or urge to use drugs? (List all that apply.)				When you had urges to use drugs or used drugs, what thoughts or feelings were you experiencing?	Did you attend any self-help groups such as Narcotics Anonymous (NA)?
Write in date below the day of the week	If you did not use drugs, write '0'	Y= Yes N= No	Y= Yes N= No	Alone	With Others	Private Place	Public Place		Y= Yes N= No
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
	Weekly Total: _____								

Important: Record your drinking use each day rather than trying to recall your use at the end of a week. Use back for additional notes.