



Client Name: _____

Filled out in session? Y N
 How often did you fill out this card?
 ___ Daily ___ 2-3x ___ Once

Date Started

Day & Date	Highest Urge To:			Highest rating each day for:							Drugs							Actions			R E W A R D		
	Use	Suicide	S-H	Pain	P	Sad	Shame	Anger	Fear Anxiety	Enjoyment	Alcohol	Illegal Drugs	Meds as prescribed	PRN/OTC			S-H	Lying	Skills				
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	#	Specify	#	Specify	Y / N	#	Specify			Y / N		#	0-7

Med Changes:			*USED SKILLS					
Homework for week and Results:			0 = Not thought about or used			4 = Tried, could do them but they didn't help		
			1 = Thought about, not used, didn't want to			5 = Tried, could use them, helped		
			2 = Thought about, not used, wanted to			6 = Used them automatically, didn't help		
			3 = Tried but couldn't use them			7 = Used them automatically, helped		
	Before	After	Belief in control of...		Before	After	Therapist:	
Urge to use (0-5):			Emotions (0-5):				Therapist Signature: _____	
Urge to quit therapy (0-5):			Behaviors (0-5):				Reviewed On: _____	
Urge to harm self (0-5):			Thoughts(0-5):					
Urge for Suicide (0-5):								