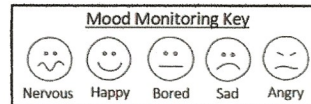




Daily Activity and Mood Monitoring

Start Date: Oct 18, 2020



Use the form to chart your activities each day, including whether you took your opioid medication. After you list an activity, rate your mood or moods. Use the **Mood Monitoring Key** if it's helpful or write about moods/feelings in the Notes section. At the end of each day, record the strongest degree of cravings for substances you experienced (if any), and whether your substance use was within your goal or wasn't within your goal.

	Activity Record activities you engaged in each day	Mood Rate mood after each activity	Craving and Use
Sunday	1. Took Medications? Yes ___ No <u>X</u>	1.	Craving ----- <u>X</u> ----- None Lots Was your substance use within your goal? Y ___ N <u>X</u>
	2. <u>sent in 6 job apps</u>	2.	
3. <u>texted w/ my brother</u>	3.		
4. <u>watched TV</u>	4.		
5. <u>hung out w/ Donny (bro)</u>	5.		
	Notes: <u>- Re the meds - I'm still not sure about taking them and am feeling kind of angry about the whole thing</u>		
Monday	1. Took Medications? Yes ___ No <u>X</u>	1.	Craving ----- <u>X</u> ----- None Lots Was your substance use within your goal? Y <u>X</u> N ___
	2. <u>sent in 4 more job apps</u>	2.	
3. <u>sent follow-up emails re job</u>	3.		
4. <u>took the dog around block</u>	4.		
5. <u>talked to mom on phone</u>	5.		
	Notes:		
Tuesday	1. Took Medications? Yes <u>X</u> No ___	1.	Craving ----- <u>X</u> ----- None Lots Was your substance use within your goal? Y <u>X</u> N ___
	2. <u>had a phone interview</u>	2.	
3. <u>watched TV</u>	3.		
4. <u>texted brother</u>	4.		
5. <u>took out the garbage</u>	5.		
	Notes:		

