

PARTICIPANTS DAILY JOURNAL

Date / Day of Week: _____

1. List what you had to eat:

Breakfast	Lunch	Dinner

2. What activities, work, or chores did you do today?

3. How much time did you spend and what did you do for leisure?

4. Did you communicate with your mentor today? How (in person / phone/ text)?

5. Did you communicate with your family today? How (in person / phone/ text)?

6. Did you stay clean and sober with no unauthorized drug use today? (Explain)

7. What were you thinking about today while you were at work, at leisure activities, and / or at rest?

8. The information I completed above is a true and accurate account of how I spent my day.

Signature: _____

Date: _____