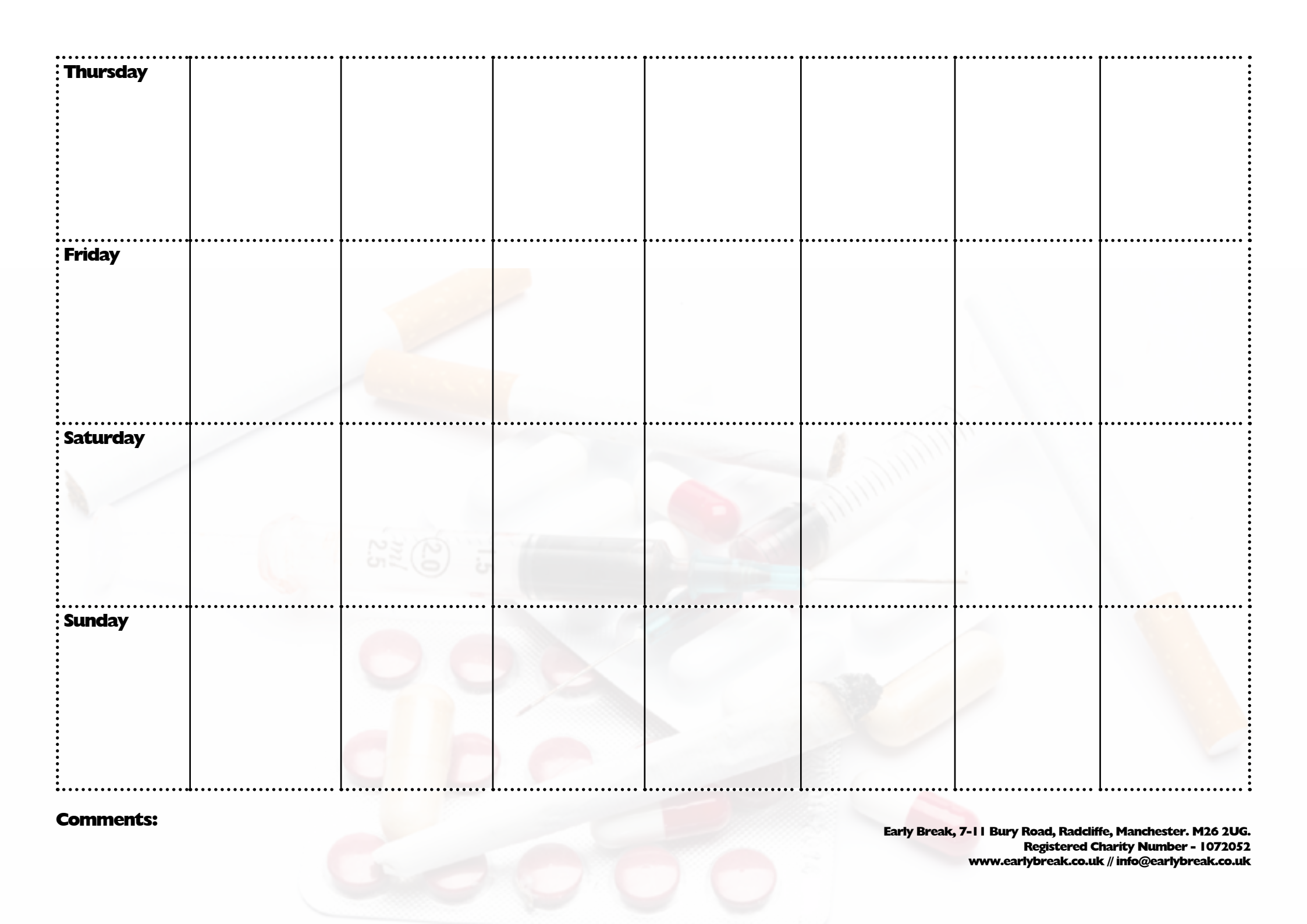


Drug Diary

Date Started :

Initials:

	When Did You Take Drugs?	Where Did You Take Them?	Who Were With?	What Type Did You Take?	How Much Drugs Did You Take?	Cost	Thoughts/ Mood at the Time
Monday							
Tuesday							
Wednesday							



Thursday							
Friday							
Saturday							
Sunday							

Comments: