
My Use

Name: _____

Date of Use: _____ Weekday: _____ Time: _____

What did you use? _____ How much? _____

Was it one use or continued? 1 use If continued, how many times in total? _____

Where? (See examples, or describe other) _____

With whom? (See examples, or describe other) _____

What were you doing prior to use? _____

Thoughts before taking drugs? _____

Describe your behaviour and feelings while on the drugs.

Thoughts after using.

What would I do differently?

<p>Where examples:</p> <ul style="list-style-type: none"> - tavern/bar - Kate's Place, Waterson, etc. - party - sporting event - in a vehicle - outside - friends' house 	<p>With who examples:</p> <ul style="list-style-type: none"> - alone - relatives - male friend(s) - female friend(s) - strangers - spouse/partner 	<p>Behaviour/feelings examples:</p> <ul style="list-style-type: none"> - happy - outgoing - romantic - bored - celebrating - sad/depressed - frustrated - shy - stressed - anxious
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