Self-Mon	nitoring-alcohol					
	Date/Time/Location	With Whom/Your Mood	Type of Drink	Amount of Alcohol in each drink	# of Drinks	Length of Time (Hours)
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Self-Mon	nitoring-alcohol					
OCH-MION	Date/Time/Location	With Whom/Your Mood	Type of Drink	Amount of Alcohol in each drink	# of Drinks	Length of Time (Hours)
Day 1						
Day 2						

Day 3			
Day 4			
Day 5			
Day 6			