# Drinking diary

Week number:_____

| | Time | Number of hours drinking | Place | People | Type of drink & strength (e.g 5.2%) | Number of units drunk | Money spent | Remarks: e.g Feelings, any particular reason for drinking, other substances taken? |
|---|---|---|---|---|---|---|---|---|
| **Monday Date: / /** | | | | | | | | |
| **Tuesday Date: / /** | | | | | | | | |
| **Wednesday Date: / /** | | | | | | | | |
| **Thursday Date: / /** | | | | | | | | |
| **Friday Date: / /** | | | | | | | | |
| **Saturday Date: / /** | | | | | | | | |
| **Sunday Date: / /** | | | | | | | | |