



MHealthy Alcohol Management:

GETTING STARTED & TRACKING SHEET



Congratulations! You took the first step and have decided to take a closer look at your alcohol use.

HOW DO I GET STARTED?

Keep Track of all alcohol use with the enclosed tracking diary.

- **What is the Tracking Diary?**
The Tracking Diary will help you record when you drink, why you drink, and with whom you drink.
- **Why Should I keep track?**
Tracking is a critical part of the behavior change process; it allows you to be your own “expert” and understand your individual drinking patterns and habits.
- **Should I track even if I am not drinking alcohol?**
Yes! Self monitoring (even the zeros) is a very important behavior that supports change. Zero days make people feel good and are healthy to have!

IF I CHOOSE TO DRINK, SHOULD I DO ANYTHING DIFFERENTLY?

Yes, if you want to. It is an opportunity for you to begin changing the way you drink.

- Alternate a non-alcoholic drink before each alcoholic beverage.
- By starting with a non-alcoholic beverage first, you are slowing down your drinking.
- This also allows you time to assess if you really do want to drink alcohol or if, rather, you are simply thirsty, tired, bored, etc...and just drinking out of habit.

WHAT IF I FEEL LIKE I AM NOT QUITE READY TO MAKE ANY CHANGES YET?

That is okay. No matter what, be sure to track how much you drink-you are sure to gain some valuable insight about your drinking.

WILL I EXPERIENCE ANY WITHDRAWAL SYMPTOMS?

If you have been a frequent user of alcohol before you cut down or abstain from alcohol, consult with a physician about

PHYSIOLOGICAL	BEHAVIORAL	SLEEP
Nausea	Restlessness/agitation	Insomnia
Perspiration	Irritability	Disrupted sleep
Tremors	Depressed mood	Disrupted sleep
Increased body temperature	Aggression	
Seizures	Loss of motivation	
Increased pulse rate (over 100)	Anxiety	
Hallucinations		

the possibility of experiencing withdrawal symptoms.

Withdrawal symptoms are included here for your awareness. If you begin to experience any of these symptoms, please see your doctor. Medical supervision during cutting down or abstaining may be necessary.

MHealthy Alcohol Management: Tracking Diary

Date: _____
 Week #: _____

GOAL:
 Max # of drinks/day: _____
 Max # of drinks/week: _____

Reason for Drinking Codes:
 C = for Coping P = for Pleasure
 H = for Habit

Day of the Week	# of Drinks Before Lunch	# of Drinks at Lunch	# of Drinks in the Afternoon	# of Drinks at Dinner	# of Drinks in the Evening	# of Total Drinks for the Day	Reasons for Drinking Today	With Whom Did You Drink?
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Total # of Drinks This Week: _____ Most common reason(s) for drinking this week: _____

Time(s) of day when most of your drinking occurred: _____

Date: _____
 Week #: _____

GOAL:
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