



Client Name: \_\_\_\_\_

Filled out in session? Y N  
 How often did you fill out this card?  
 \_\_\_ Daily \_\_\_ 2-3x \_\_\_ Once

Date Started

Day & Date	Highest Urge To:			Highest rating each day for:							Drugs							Actions			REVIEW CARD		
	Use	Suicide	S-H	Pain P E		Sad	Shame	Anger	Fear Anxiety	Enjoy- ment	Alcohol		Illegal Drugs		Meds as prescribed	PRN/OTC				S-H		Lying	Skills
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	#	Specify	#	Specify	Y / N	#	Specify			Y / N		#	0-7

<b>Med Changes:</b>			<b>*USED SKILLS</b>									
<b>Homework for week and Results:</b>			0 = Not thought about or used					4 = Tried, could do them but they didn't help				
			1 = Thought about, not used, didn't want to					5 = Tried, could use them, helped				
			2 = Thought about, not used, wanted to					6 = Used them automatically, didn't help				
			3 = Tried but couldn't use them					7 = Used them automatically, helped				
	Before	After	Belief in control of...		Before	After	Therapist:					
Urge to use ( 0-5 ):			Emotions ( 0-5 ):				Therapist					
Urge to quit therapy ( 0-5 ):			Behaviors ( 0-5 ):				Signature: _____					
Urge to harm self ( 0-5 ):			Thoughts( 0-5 ):				Reviewed On: _____					
Urge for Suicide ( 0-5 ):												