DAY
1

WEEK 1

Date _____

(M) (T) (W) (T) (F) (S) (S)

ALCOHOL-FREE TODAY? ☐ Yes ☐ No, I had ____ standard drinks

GOT THROUGH IT: THE HARDEST MOMENT TODAY, AND HOW

Cravings today: ____ Strongest (1–10): ____

BEFORE THE STRONGEST CRAVING, I FELT

☐tired ☐stressed ☐bored ☐lonely ☐celebrating · other _____

WHAT I DID WITH IT

☐surfed it ☐a drink without alcohol ☐moved ☐called someone ☐ate ☐left · other _____

SLEEP LAST NIGHT

(1) (2) (3) (4) (5)

MORNING ENERGY (1–10)

____

MOOD TODAY (1–10)

____

Not spent today: _____ So far this month: _____

WHAT HELPED TODAY

What helped you through day 1? And why did you start?

ONE SMALL WIN

TOMORROW'S TRICKY MOMENT → IF ... THEN ...

e.g. If I get home tired at 6, then I'll shower and make tea before anything else.

NOTES

Today: ✓ alcohol-free ○ hard day, got through ✗ a slip

WEEK 1 REVIEW

DAYS 1–7

DAY	ALCOHOL-FREE?	STD DRINKS	CRAVINGS	SLEEP	MOOD	MARK
1						
2						
3						
4						
5						
6						
7						

Alcohol-free days: ____ / 7

Money not spent: _____

THE HARDEST MOMENT THIS WEEK

WHAT WORKED

WHAT I NOTICED FROM THIS WEEK'S EXPERIMENT

ONE THING I'M PROUD OF THIS WEEK

NEXT WEEK I'LL DO ONE THING DIFFERENTLY

Now copy your marks to page 13 and your money to page 14.