



UK Therapy Guide

Passionate about Therapy

Easily finding trusted
Therapy & Counselling
that's right for you

Week Beginning: _____

- support@uktherapyguide.com
- www.uktherapyguide.com
- Tel: 0330 111 5227

Date: _____

Time: _____



What type of drug did you consume?

Cocaine

Where were you? (Home, work, etc.)

In a bar

How much did you consume?

½ gram

What was your mood and state of mind at the time?

I was drunk and wanted to have fun with my friends

How affected did you feel?
1= A little or not at all
10= Very affected

8

Please describe how you feel now?

I feel terrible today. I feel emotional.

Did anything of interest or importance happen to you today?

EXAMPLE

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How much did you consume?

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How affected did you feel?
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