

Weekly Drinking Behavior and Small Steps Form



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Date: _____
Week#: _____

Main Goal for Change:

Day of the Week	Number of Drinks	Number of Hours	BAC from Tables	Over Limits	Describe Location	Small Steps Toward Positive Lifestyle Changes	Progress Made? Mark with Y or N
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTALS:							

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