

My Gambling Diary

Print or copy as many of these pages as you need to keep track of your gambling behaviour over time.

Date: _____

	Not at all	A little	Moderately	Very much	Completely
I feel in control of my gambling problem today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a strong urge to gamble today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can abstain from gambling today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did I gamble today?	
If yes, how much time did I spend gambling today?	
If yes, how much money did I spend on gambling today? (Including winnings)	
What was my state of mind today?	
What events happened today which made me feel this way?	