

Daily Self-Monitoring Diary

Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<p>1. To what extent do I perceive that my gambling problem is under control?</p> <p>0---10---20---30---40---50---60---70---80---90---100 not at all a little moderately very much completely</p>							
<p>2. What is my desire to gamble today?</p> <p>0---10---20---30---40---50---60---70---80---90---100 nonexistent weak average high very high</p>							
<p>3. To what extent do I perceive myself as being able to abstain from gambling?</p> <p>0---10---20---30---40---50---60---70---80---90---100 not at all a little moderately very much completely</p>							
4. Did I gamble today?							
5. How much time (hours & minutes) did I spend gambling?							
6. How much money did I spend on gambling, excluding wins?							
7. Specify your state of mind or the particular events of the day.							