

Alcohol Tracking & Reflection Form

Name: _____

Use the graphic below as a guide in measuring standard drinks for tracking.



12 oz beer
3-5% ABV*



12 oz spiked seltzer
3-5% ABV*



5 oz wine
12-15% ABV*



1.5 oz shot
40% ABV*

One Standard Drink
 *Alcohol By Volume

DATE	TIME (AM/PM)	DRINK TYPE	AMOUNT (in ounces)	COMMENTS
NUMBER OF DRINKING DAYS		TOTAL NUMBER OF DRINKS		

Which of the following, if any, have you experienced during the period of time in which you were tracking (since your last meeting)?

- | | |
|---|---|
| <input type="checkbox"/> Hangover | <input type="checkbox"/> Doing something you regret |
| <input type="checkbox"/> Puking | <input type="checkbox"/> Passing out |
| <input type="checkbox"/> Blackout | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Brown out | <input type="checkbox"/> Alcohol overdose/transport to hospital |
| <input type="checkbox"/> Argument/fight with friend/partner | <input type="checkbox"/> Another violation/arrest |