FORM 2.1. Addiction-Related and Self-Control Thoughts and Beliefs

Instructions: In the left column, write thoughts and beliefs likely to lead to your addictive behaviors. In the right column, write thoughts and beliefs that argue against the addiction-related thoughts and beliefs in the left column. Be sure to make them realistic and consistent with the thoughts you want to have as your own.

Addiction-Related Thoughts and Beliefs	Self-Control Thoughts and Beliefs
<u>Examples:</u> *"I need to take a drink to have fun." "I need to smoke to calm down." "I need to gamble to win back my money."*	<u>Examples:</u> *"I can have fun without drinking." "I can calm down without smoking." "I need to save my money instead of giving it to the casino."*

Instructions: In the four-panel grid below, list the ***advantages*** and ***disadvantages*** of ***using*** (continuing) versus ***not using*** (discontinuing) your addictive behavior. For example, you might list an **advantage** of using marijuana as "relaxing" and a **disadvantage** as "becoming dependent." List as many responses as possible in each panel.

Behavior of concern (e.g., alcohol, marijuana, opioid, tobacco use): _____

_____

	Advantages	**Disadvantages**
Using		
Not using		

FORM 7.2.   Sample Daily Activity Schedule

Instructions: Using the grid below, list your activities during the time block when they occurred along with a rating (0–10) to indicate how much mastery (*M*) and pleasure (*P*) you experienced while engaged in the activity. Mastery relates to *skill development* and pleasure relates to *enjoyment* (see examples provided). You may list specific times when an activity begins or ends in a new time block or in the middle of a time block.

	Examples	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning 5:00 A.M.–9:00 A.M.	*Woke up 6 A.M., showered, ate breakfast, walked dog (M=0; P=5)* *Watched TV news, dressed, drove to work (M=2; P=2)*							
Midmorning–early afternoon 9:00 A.M.–1:00 P.M.	*At work, completed overdue project until 3:00 P.M. (M=6; P=2)*							

(continued)

	Examples	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Late afternoon 1:00–5:00 P.M.	3:00 P.M.—Got coffee, sat at my work desk, surfed the Web, checked social media (M=0; P=4) Texted friends (M=2; P=8)							
Evening 5:00 P.M.–9:00 P.M.	Drove to 6 P.M. therapist appointment, stuck in traffic (M=0; P=0) Came home, watched TV for two hours (M=0; P=6)							

Sample Daily Activity Schedule *(page 3 of 3)*

	Examples	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Late night 9:00 P.M.–1:00 A.M.	*Got ready for bed, watched some more TV, went to bed at 11:00 P.M. (M=0; P=4)*							
Predawn 1:00 A.M.–5:00 A.M.	*Slept until 6 A.M. (M=0; P=8)*							

FORM 7.3.   Automatic Thought Record

Instructions: In the table below, enter the date, time, location, situation, thoughts or beliefs, emotions, alternative beliefs, and outcomes (as in the examples provided). Be sure to rate your confidence in your thought and intensity of your emotion on a 0–100 scale. This information should be recorded each time you feel a craving or experience an urge to engage in your addictive behavior, using an entire row for each entry.

Date, time, location	Situation	Automatic thoughts or related beliefs (0–100% confidence)	Emotions (0–100 intensity)	Alternative beliefs or responses (0–100% confidence)	Outcomes
Example: Saturday 7 P.M., home alone	Example: Decided **not** to attend a social event where alcohol is served because I'm trying to quit drinking	Example: "I hate being home on Saturday night." (75%) "It's not fair that everyone else gets to drink." (65%)	Example: Tense (90) Irritated (95) Craving a beer (65) Worried about risk of drinking (90)	Example: "Alcohol is ruining my life." (90%) "I'll feel so much better tomorrow if I don't drink." (85%)	Example: Decide to stay home and watch a movie Plan for next Saturday night with sober friends

Date, time, location	Situation	Automatic thoughts or related beliefs (0–100% confidence)	Emotions (0–100 intensity)	Alternative beliefs or responses (0–100% confidence)	Outcomes

FORM 12.1.   CBT Addiction Group Tracking Sheet

Instructions: This form is completed by group facilitators at each session. The primary aim in using this form is to track participant attendance and progress from session to session. At each session patients are asked to introduce themselves by stating their name, age (optional), addiction(s), status of their addiction(s), goals for change, and any other issues relating to their addiction (e.g., the context in which they live). A secondary aim is to help facilitators maintain focus in each session.

Name (age)	Addiction(s)	Status of addiction	Change goals	Other issues/context