

Drinking Self-Monitoring Log (DSML)

BRIEF DESCRIPTION

Drinking self-monitoring involves recording drinking on a daily or drink-by-drink basis. Since data entries are completed either at the time drinking occurs or shortly thereafter, the method is subject to fewer memory errors than other retrospective methods of drinking data collection. Self-monitoring has been used for at least two decades. While there is no standard form for data collection, the one shown here is one of many versions available. In its simplest version, a self-monitoring log collects information on the total number of drinks consumed each day over the monitoring interval. In order to control for beverages that have different concentrations of alcohol, recording is typically done in terms of standard drinks. For example, in the United States a standard drink contains 1 1/2 oz. of 80-proof spirits, 5 oz. of 12 percent wine, or 12 oz. of beer. Often logs require respondents to indicate the type of beverage consumed and the time drinking began. The latter is important for estimating blood alcohol concentration. Several other types of information can be collected by self-monitoring log as well, such as the location where drinking occurred, the setting (e.g., at home, in a bar; alone, with others), and emotional state when drinking. Self-monitoring logs have both research and clinical utility.

TARGET POPULATIONS

Adults

Adolescents

Self-monitoring has been used with persons in treatment for alcohol problems and also with normal drinker college students. The method can be used with any population capable of recording their behavior. Because one must first arrange for respondents to self-monitor and then collect data, self-monitoring is not appropriate for describing past behavior, such as is required for clinical assessments or for descriptions of the drinking histories of research participants.

ADMINISTRATIVE ISSUES

Number of items: *Variable, depending on the number of days for which recording is desired and the number of variables besides amount consumed for which data are to be entered*

Number of subscales: *Not applicable.*

Format(s): Pencil-and-paper self-administered
 Interview
 Observation
 Computer self-administered
 Other

Time required for administration: *Minimal*

Administered by: *Self*

Training required for administration: *None*

Comments: *Self-monitoring typically involves negligible time and effort. Formats for self-monitoring logs run from small, pocket-sized cards or slips of paper to full-sized booklets where several days or even months of data can be recorded. A helpful feature of self-monitoring logs is that they can be customized for particular uses or even left to the respondents' own initiative (e.g., they may simply write down what they drink on a slip of paper). One example of a format that has been used accompanies this instrument description. Readers are encouraged, however, to design logs suitable for their own purposes.*

SCORING

Time required to score/interpret: *Variable, depending on number of recording categories and length of recording interval*

Scored by: *Researcher, clinician, or participant. Clinically, can be useful in raw data format.*

Computerized scoring or interpretation available: *No*

Norms available: *Not applicable*

Instrument normed on subgroups: *Not applicable*

PSYCHOMETRICS

Have reliability studies been done: *By its nature (recording alcohol consumption at the time the drinks are consumed) the self-monitoring method is not suitable for the usual methods of evaluating reliability.*

What measures of reliability were used? *Not applicable*

Have validity studies been done? *Yes*

What measures of validity have been derived?

- Content
- Criterion (predictive, concurrent, "postdictive")
- Construct

CLINICAL UTILITY OF INSTRUMENT Self-monitoring can play a valuable role in outpatient treatment (Sobell & Sobell, 1993). Having clients self-monitor their alcohol consumption (including recording days of abstinence) can provide a basis for discussing drinking that occurred between treatment sessions, it can enhance a client's self-awareness of drinking that occurred and the circumstances related to that drinking, and it produces a record of success in either abstinence or reduced drinking that can provide feedback to reinforce the client's commitment to change.

RESEARCH APPLICABILITY Self-monitoring has a particularly important role to play in treatment research studies. Within-treatment self-monitoring data combined with Timeline Followback assessment data and Timeline or self-monitoring followup data provides a continuous record of dally drinking disposition prior to, during, and following the course of treatment.

SOURCE, COST AND COPYRIGHT ISSUES Copyright: yes no
 Cost: *None*
 Source: *Available in* Sobell, M.B. & Sobell, L.C. (1993). *Problem Drinkers: Guided Self-Change Treatment*. New York: Guilford Press.
(In copyrighted book, but the book states permission is granted to use the form for clinical or research purposes.)
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SOURCE REFERENCES Sobell, M.B. & Sobell, L.C. (1993). *Problem Drinkers: Guided Self-Change Treatment*. New York: Guilford Press. *(Note: Several earlier references refer to the use of self-monitoring but do not provide sample forms.)*
 Sobell, L.C. & Sobell, M.B. (1973). A self-feedback technique to monitor drinking behavior in alcoholics. *Behavior Research and Therapy*, 11, 237-238.

SUPPORTING REFERENCES

- Lemmens, P., Tan, E.S. & Knibbe, R.A. (1992). Measuring quantity and frequency of drinking in a general population survey: A comparison of 5 indices. *Journal of Studies on Alcohol*, 53, 476-486.
- Tucker, J.A., Vuchinich, R.E., Harris, C.V., Gavomik, M.G. & Rudd, E. J. (1991). Agreement between subject and collateral verbal reports of alcohol consumption in older adults. *Journal of Studies on Alcohol*, 52, 148-155.
- Samo, J.A., Tucker, J.A. & Vuchinich, R.E. (1989). Agreement between self monitoring, recall, and collateral observation measures of alcohol consumption in older adults. *Behavioral Assessment*, 11, 391-409.
- Sobell, M.B., Bogardis, J., Schuller, R., Leo, G.I. & Sobell, L.C. (1989). Is self-monitoring of alcohol consumption reactive? *Behavioral Assessment*, 11, 447-458.
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- Marlatt, G.A. (1985), cited in: Whaley, A.L. (1986). On the clinical utility of blood alcohol level feedback for problem drinkers. *The Behavior Therapist*, 9(66), 86.
- Sanchez-Craig, M. & Annis, H.M. (1982). Self-monitoring and recall measures of alcohol consumption: Convergent validity with biochemical indices of liver function. *British Journal of Alcohol and Alcoholism*, 17, 117-121.

FOREIGN LANGUAGE VERSIONS AND HOW TO OBTAIN

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KEY REFERENCES FOR FOREIGN LANGUAGE VERSIONS

- Sobell, L.C. Agrawal, S., Annis, H.M., et al. (2001). Cross-cultural evaluation of two drinking-related assessment instruments: Alcohol Timeline Followback and Inventory of Drinking Situations. *Substance Use & Misuse*, 36, 313-331.
- Annis, H.M., Sobell, L.C., Ayala-Velazquez, H., Rybakowski, J.K., Sandahl, C., Saunders, B., Thomas, S. & Ziolkowski, M. (1996). Drinking-related assessment instruments: Cross-cultural studies. *Substance Use & Misuse*, 31, 1525-1546.