
My Invoice

Use your 14-day diary to fill this in (Chapter 3). Circle the one line you least want to pay.

#	Item	My week	Willing to pay?
1	Sleep: nights I woke in the night or got up still tired		☐ yes ☐ no ☐ not sure
2	Blood pressure: measure once		☐ yes ☐ no ☐ not sure
3	Heart rhythm: racing or irregular after drinking?		☐ yes ☐ no ☐ not sure
4	Morning mood: times more irritable, low or anxious than usual		☐ yes ☐ no ☐ not sure
5	Energy: total kcal from drinks		☐ yes ☐ no ☐ not sure
6	Money: \$, \$\$ or \$\$\$		☐ yes ☐ no ☐ not sure

#	Item	My week	Willing to pay?
7	Time: mornings or evenings lost to drinking or its after-effects		☐ yes ☐ no ☐ not sure
8	The people around me: has anyone said anything?		☐ yes ☐ no ☐ not sure

The line I circled, and why:
