

One week, in your own words

Record sleep, energy, urges and one next step. Start on any day. Estimates and blank entries are fine; there is no score or expected recovery curve.

Week starting: _____ My focus: _____

Day / date	Sleep / wake	Energy / daily impact	Urge / setting	Action / next step
1 _____	_____ _____	_____ _____	_____ _____	_____ _____
2 _____	_____ _____	_____ _____	_____ _____	_____ _____
3 _____	_____ _____	_____ _____	_____ _____	_____ _____
4 _____	_____ _____	_____ _____	_____ _____	_____ _____
5 _____	_____ _____	_____ _____	_____ _____	_____ _____
6 _____	_____ _____	_____ _____	_____ _____	_____ _____
7 _____	_____ _____	_____ _____	_____ _____	_____ _____

Example only: Tue | About 6 hours; woke twice | Tired at work | After dinner, at home | Called a friend; prepare dinner earlier tomorrow.

What to record: Approximate sleep and wake times; energy and effects on daily tasks; the situation around an urge; what you tried and what you need next. Do not use the record to diagnose symptoms or set medicine or cannabis doses.

Keep it private. Share only what you choose. Do not delay medical help to finish the week. Seek urgent help for severe symptoms or immediate danger.

Choose the next useful step

Use your notes to prepare a conversation or adjust a practical plan. These prompts do not predict withdrawal or replace care.

1 / One situation that repeated

When and where did it happen? Record observations rather than a diagnosis.

2 / One action I will keep or change

If _____ happens, I will _____. My backup is:

3 / A question for a clinician or support service

What changed, when did it start, and how does it affect daily life?

4 / My support arrangements

Person or service: _____ How to contact: _____

Use the sheet as a record, not a waiting period. Contact a healthcare professional for severe, persistent or worsening symptoms, other substance use, pregnancy or mental health concerns. Use local emergency services if there is immediate danger.

US treatment referrals: SAMHSA National Helpline 1-800-662-4357. USAGov lists this service and treatment options at [usa.gov/substance-abuse](https://www.usa.gov/substance-abuse).

Read the guides

dehazeapp.com/blog/how-to-make-a-quit-weed-plan

dehazeapp.com/blog/how-to-get-through-a-weed-craving

Source context: NHLBI describes sleep diaries at nhlbi.nih.gov/health/insomnia/diagnosis. This Dehaze worksheet is an original planning aid, not the NHLBI diary or a validated clinical scale.