

SELF-CHECK SHEET

My aim:

Cig.	Time	Place or activity	Accompanying person	Mood or reason	How important was it for me?	Alternative
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Keep an exact record of your cigarette consumption.

1. At home
2. At work
3. On the move
4. On the telephone
5. In the car
6. Bus/tram stop
7. Other

1. Partner
2. Friend
3. Work colleague
4. No-one
5. Someone else

1. Relaxed
2. Happy
3. Stressed
4. Sad
5. Angry
6. Something else

1. Very important
2. Important
3. Not particularly important
4. Could be done without
5. Did not notice lighting up



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My aim:

Cig.	Time	Place or activity	Accompanying person	Mood or reason	How important was it for me?	Alternative
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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