SELF-CHECK SHEET My aim: Time Place or activity Mood or reason **How important** Alternative Cig. Accompanying was it for me? person

Keep an		1. At home 2. At work	Partner Friend Work collegence	1. Relaxed 2. Happy	Very important Important		O CTOP	
10								
9								
8								
7								
6								
5								
4								
3								
2								
1								

exact record of your cigarette consumption.

3. On the move

4. On the telephone 5. In the car

6. Bus/tram stop 7. Other

3. Work colleague

4. No-one

Someone else

Stressed

4. Sad

5. Angry

6. Something else

3. Not particularly important

4. Could be done without

5. Did not notice lighting up



Quit Smoking Helpline 0848 000 181

SELF-CHECK SHEET

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						
V		1. At home	1. Partner	1. Relaxed	1. Very important	

Keep an	
exact record	of
your cigarett	e
consumption	

2. At work

3. On the move

4. On the telephone 5. In the car

6. Bus/tram stop 7. Other 2. Friend

3. Work colleague

4. No-one

5. Someone else 5. An

Happy
Stressed

3. Stressed 4. Sad

5. Angry

6. Something else

2. Important

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