

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

NATIONAL STOP SMOKING PROGRAM

Swiss Cancer League
Swiss Lung Association
Swiss Heart Foundation
Swiss Association for Smoking Prevention



AT | Haslerstrasse 30 | 3008 Bern | T 031 599 10 20 | www.at-schweiz.ch

Quit Smoking Helpline 0848 000 181

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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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