

Stop Smoking Service

Cravings Tally Sheet

This exercise looks at your smoking pattern with the information you gather on these sheets you will be able to plan your own approach to stop smoking.

Instructions

- Fill in the sheet when you have a smoke or a craving.
- Rate each cigarette or craving in importance from 1-5 (1 being the least).
- Keep the tally sheet with your packet of cigarettes.

	Date	Time	Occasion/Activity	Feeling/Mood	Value	What I did
<i>e.g.</i>	14/03	4.00pm	<i>Kids coming home</i>	<i>Rushed</i>	3	<i>Went for a walk</i>
<i>e.g.</i>	02/04	6.00pm	<i>Drink after work</i>	<i>Stressed</i>	4	<i>Smoked</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						