

# SAMPLE Behavior Modification Activity

<i>Number of Cigarettes During the Day</i>	<i>Time of Day</i>	<i>Need Rating</i>	<i>Place of Activity</i>	<i>With Whom</i>	<i>Mood or Reason</i>
1	_____	1 2 3	_____	_____	_____
2	_____	1 2 3	_____	_____	_____
3	_____	1 2 3	_____	_____	_____
4	_____	1 2 3	_____	_____	_____
5	_____	1 2 3	_____	_____	_____
6	_____	1 2 3	_____	_____	_____
7	_____	1 2 3	_____	_____	_____
8	_____	1 2 3	_____	_____	_____
9	_____	1 2 3	_____	_____	_____
10	_____	1 2 3	_____	_____	_____
11	_____	1 2 3	_____	_____	_____
12	_____	1 2 3	_____	_____	_____
13	_____	1 2 3	_____	_____	_____
14	_____	1 2 3	_____	_____	_____
15	_____	1 2 3	_____	_____	_____
16	_____	1 2 3	_____	_____	_____
17	_____	1 2 3	_____	_____	_____
18	_____	1 2 3	_____	_____	_____
19	_____	1 2 3	_____	_____	_____
20	_____	1 2 3	_____	_____	_____
21	_____	1 2 3	_____	_____	_____
22	_____	1 2 3	_____	_____	_____
23	_____	1 2 3	_____	_____	_____
24	_____	1 2 3	_____	_____	_____
25	_____	1 2 3	_____	_____	_____
26	_____	1 2 3	_____	_____	_____
27	_____	1 2 3	_____	_____	_____
28	_____	1 2 3	_____	_____	_____
29	_____	1 2 3	_____	_____	_____
30	_____	1 2 3	_____	_____	_____

\*Need Rating: How important is the cigarette to you at this time?  
 1=Most important, I would miss it very much.  
 2=Average  
 3=Least important, I would not miss it.