

## Assignment: Pack-Wraps

Wrap this daily cigarette count sheet around your pack of cigarettes and secure it with a rubber band. When you are about to take a cigarette, before you actually put it in your mouth and light up, indicate the following:

- 1) **Time of day**
- 2) **Activity you are involved in**
- 3) **Word/words that best describe your feeling at the time**
- 4) **How much do you need that particular cigarette:**

**1 – Very Strongly needed**

**2 – Strongly Needed**

**3 – Weakly Needed**

# of Cigarette	Time	Food/Alcohol	Relaxation	Work	Social	Driving	Other (please describe)	Angry	Anxious	Bored	Depressed	Frustrated	Happy	Relaxed	Tired	Need Rating
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
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