

NAME: \_\_\_\_\_ DATE COMMENCED:- \_\_\_\_\_

Start to fill this this form in as soon as you book in for your quit smoking session. This will give you time to think about what you could do instead of smoking. More importantly look at the feelings you are experiencing. Doing this for 3 days will be enough. Do not do a copy and paste as this will NOT give you time to consciously think about your actions. Once you have finished, email them back to [Maureen@masteryourlifepower.com](mailto:Maureen@masteryourlifepower.com)

Time	Do I really want this cigarette?	What am I feeling?	What could you do instead?
	<b>DAY - 1</b>		
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Time	Do I really want this cigarette?	What am I feeling?	What could you do instead?
	<b>DAY - 2</b>		
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16			

Time	Do I really want this cigarette?	What am I feeling?	What could you do instead?
	<b>DAY - 3</b>		
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