Day of the Week (circle): M T W T F S S Date: ___________

Days of Experiment:  1  2  3  4  5  6  7  8  9  10
(cross off completed days) 11  12  13  14  15  16

1. How successful were you today at refraining from the temptation to use, take part in or eat/drink what you are giving up?
________________________________________________________________________________________________________
________________________________________________________________________________________________________

2. If you were successful, what things have made it easier to resist the temptation? Consider the influence of the environment you were in (where you were, who you were with etc).
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

3. If you failed, what things contributed to you giving in to the temptation? Consider the influence of environment you were in at the time (where you were, who you were with etc) that may have influenced you.
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

4. How does your success or failure make you feel?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

5. What can you do to be more successful tomorrow? Are there people you can ask for help to support you?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Day of the Week (circle): M T W T F S S Date: ____________

Day of Experiment:  1  2  3  4  5  6  7  8  9  10  (circle)  11  12  13  14  15  16

6. How successful were you today at refraining from the temptation to use, take part in or eat/drink what you are giving up?

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________________________________________________________________________________________________________

7. If you were successful, what things have made it easier to resist the temptation? Consider the influence of the environment you were in (where you were, who you were with etc)

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8. If you failed, what things contributed to you giving in to the temptation? Consider the influence of environment you were in at the time (Where you were, who you were with etc) that may have influenced you.

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9. How does your success or failure make you feel?

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10. What can you do to be more successful tomorrow? Are there people you can ask for help to support you?

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________________________________________________________________________________________________________
11. How successful were you today at refraining from the temptation to use, take part in or eat/drink what you are giving up?
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12. If you were successful, what things have made it easier to resist the temptation? Consider the influence of the environment you were in (where you were, who you were with etc)
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13. If you failed, what things contributed to you giving in to the temptation? Consider the influence of environment you were in at the time (Where you were, who you were with etc) that may have influenced you.
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14. How does your success or failure make you feel?
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15. What can you do to be more successful tomorrow? Are there people you can ask for help to support you?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
16. How successful were you today at refraining from the temptation to use, take part in or eat/drink what you are giving up?

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17. If you were successful, what things have made it easier to resist the temptation? Consider the influence of the environment you were in (where you were, who you were with etc)

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18. If you failed, what things contributed to you giving in to the temptation? Consider the influence of environment you were in at the time (Where you were, who you were with etc) that may have influenced you.

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19. How does your success or failure make you feel?

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20. What can you do to be more successful tomorrow? Are there people you can ask for help to support you?

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