

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?

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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).

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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.

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

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

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

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(circle)                      11      12      13      14      15      16

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?

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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

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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