



# Smoking Diary

## 1. Number of Cigarettes Smoked

DAY	MORNING	AFTERNOON	EVENING	TOTAL
1				
2				
3				
4				
5				
6				
7				

## 2. Other Things to Consider

Why I needed to smoke?	
Where did I smoke most?	
Who with?	
Desire to smoke*	
How much did I enjoy it?***	
How did I feel afterwards?	

\*10 is a very strong desire to smoke, 1 is no desire at all.

\*\*\* 10 is really enjoyed cigarette, 1 is didn't enjoy at all.