

Day-to-Day Smoking Diary

Week of: _____
(MM/DD/YY)

Day of the Week	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
How are you feeling today?							
How many cigarettes did you smoke?							
Time of first and last cigarettes?							
Did you need the cigarettes physically/mentally or both?							
What were you doing?							
Who were you with?							
How were you feeling before you smoked?							
How much did you enjoy the cigarette?							
How did you feel after you smoked?							
Other Notes:							

