

# "QUIT SMOKING" DIARY



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*A patient educational resource provided by  
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# DAY 1

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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## DAY 2

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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# DAY 3

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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# DAY 4

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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# DAY 5

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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# DAY 6

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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# DAY 7

<b>Cigarettes, cigars, or pipes smoked</b>	<b>Time of day and what you were doing</b>	<b>Reason for smoking this cigarette, cigar, or pipe</b>
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