

Appointments

Quit Date: ____/____/____

Pre-quit: _____

Pre-quit: _____

Pre-quit: _____

Pre-quit: _____

Quit day: _____

2 days post-quit: _____

7 days post-quit: _____

14 days post-quit: _____

21 days post-quit: _____

30 days post-quit: _____

45 days post-quit: _____

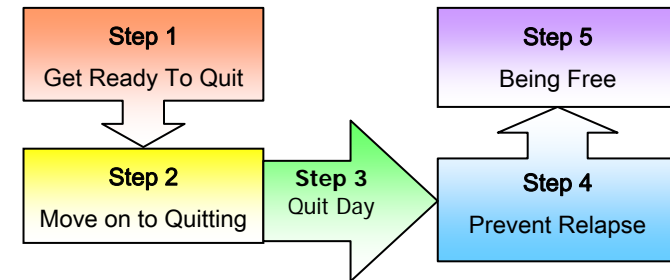
60 days post-quit: _____

3 month follow-up: _____

6 month follow-up: _____

12 month follow-up: _____

Smoking Diary



Patricia M. Smith, PhD ©

Tracking Diary

Use this to record your upcoming appointments, quit preparations, withdrawal symptoms, medication side-effects, and a diary of anything you would like to record for your quit plan.

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