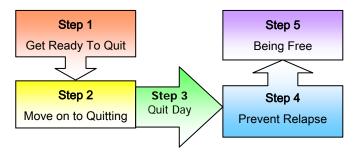
## **Appointments Quit Date:** \_\_\_\_/\_\_\_/\_\_\_\_ Pre-quit: Pre-quit: Pre-quit: \_\_\_\_\_ Pre-quit: \_\_\_\_\_ Quit day: \_\_\_\_\_ 2 days post-quit: \_\_\_\_\_ 7 days post-quit: \_\_\_\_\_ 14 days post-quit: \_\_\_\_\_ 21 days post-quit: 30 days post-quit: \_\_\_\_\_ 45 days post-quit: \_\_\_\_\_ 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.

Program funding through the Ontario Ministry of Health and Long-Term Care in partnership with the Northern Ontario School of Medicine, Lakehead University.

#### **Quit Preparations**

List things you could do to prepare to quit (e.g., remove all ashtrays, tell people you are quitting, buy supplies such as gum or cessation medications, make your home smoke-free, etc.).			

#### **Withdrawal Symptoms**

The worst withdrawal is in the first 2-3 days of having your last cigarette.

-	
and tell you headache.	st of symptoms you experience our provider (e.g., anxiety, , insomnia, odd dreams, appetite, constipation, etc.).

# **Cessation Medication Side-effects**

Stop taking the medication and call a health provider if you have:  □ allergic reactions □ seizure □ concerning changes in your health □ or notice anything abnormal about your thoughts, emotions, or behaviour.
Otherwise, list anything different you notice when you use a cessation medication and tell your provider (e.g., nausea, odd dreams, insomnia, etc.).