

PERSONAL HEALTH GUIDE

Name:
My general goal:
My specific goal: (what am I going to do?)
My action plan: Where am I going to do it? When am I going to do it? With whom am I going to do it?
How will I know how I am doing? What will I record in my diary? When will I record it? Where will I keep my diary?

SMOKING DIARY

This diary can be used to record how many cigarettes you smoke each week as well as the times of the day when you smoke the most.

	Number of cigarettes smoked			
	Morning	Afternoon	Evening	Total
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

How I felt about my smoking this week:
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