

TOBACCO CESSATION PROGRAM TRACKING RECORD

Please have this record with you for your weekly coaching session

MEMBER NAME: _____ BIRTH DATE: _____

WEEK OF: _____ BLOOD PRESSURE: _____ WEIGHT: _____

▶ TRACKING AND UNDERSTANDING YOUR TRIGGER AND CRAVINGS

DAY/DATE	MEDICATION (Y/N)	NUMBER OF CRAVINGS	RATE YOUR CRAVING 1-3	EXERCISE MINUTES	VEG/FRUIT	NUMBER OF TOBACCO PRODUCTS USED	IDENTIFY TRIGGER PERSON/PLACE/ACTIVITY/MOOD

NUMBER OF CIGARETTES SMOKED THIS WEEK _____

NUMBER OF NONSMOKING DAYS THIS WEEK _____

NUMBER OF DAYS YOU EXERCISED AT LEAST 20 MINUTES _____

TOTAL SERVINGS OF VEGETABLES AND FRUIT _____

NOTES: