

Daily Tobacco Use Journal

Name _____ Date _____ Day: M T W Th F Sa Su

Type/amount = Type and amount of tobacco used

R = Rating (0–3) of how much you wanted the tobacco

Setting = Where you were and what you were doing

Influences = How the environment and other people influenced your tobacco use

Emotions/thoughts = What you felt and thought about your tobacco use and about yourself

Time	Type/amount	R	Setting	Influences	Emotions/ thoughts