

**Human Smoking Behavior Study  
Smoking Diary Form**

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ID #:

# Human Smoking Behavior Study

## Daily Cigarette Use Diary

### Battelle

Centers for Public Health Research and Evaluation  
Human Exposure Assessment Laboratory  
**2007**

Dates: \_\_\_\_\_ to \_\_\_\_\_

Battelle is conducting this study on behalf of the Centers for Disease Control and Prevention. All information provided will be kept confidential and will be identified by code number only.

#### The column headings refer to these questions:

1. Cigarette number for that day.
2. What time did you start smoking this cigarette? Please circle the am or pm.
3. What are you doing right now as you smoke; working, resting, driving, on the phone, or other?
4. Where are you as you smoke; home, work, car, or other place?
5. Are you smoking at a hurried or a normal pace?
6. Are you smoking your own cigarette brand, or did you get another brand from somebody else for this smoke?

#### When you reached for the cigarette:

7. On a scale of 1-5, how much did you **crave** the cigarette? 1=Did not crave at all to 5=Craved it very much
8. On a scale of 1-5, how active were you? 1=Inactive to 5=Very active
9. What was your **mood**: sad, neutral, or happy?

# DAY 1

**DATE:**      -      - 2007

1. Cig	2. Time	3. While smoking:				4. When you reached for the cigarette:		
		3. Doing while smoking	4. Location	5. Pace	6. Own Brand?	7. Craving 1-5	8. Activity 1-5	9. Mood
1	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
2	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
3	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
4	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
5	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
6	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
7	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
8	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

9	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
10	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
11	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
12	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
13	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
14	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
15	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
16	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
17	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
18	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

# DAY 1 (continued)

1. Cig	2. Time	While smoking:				When you reached for the cigarette:		
		3. Doing while smoking	4. Location	5. Pace	6. Own Brand?	7. Craving 1-5	8. Activity 1-5	9. Mood
19	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
20	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
21	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
22	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
23	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
24	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
25	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
26	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
27	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

28	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
29	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
30	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
31	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
32	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
33	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
34	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
35	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
36	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
37	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

# DAY 2

**DATE:**      -      - 2007

1. Cig	2. Time	3. While smoking:				4. When you reached for the cigarette:		
		5. Doing while smoking	6. Location	7. Pace	8. Own Brand?	9. Craving 1-5	10. Activity 1-5	11. Mood
1	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
2	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
3	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
4	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
5	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
6	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
7	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
8	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

9	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
10	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
11	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
12	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
13	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
14	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
15	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
16	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
17	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
18	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Car <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

# DAY 2 (continued)

1. Cig	2. Time	While smoking:				When you reached for the cigarette:			
		3. Doing while smoking	4. Location		5. Pace	6. Own Brand?	7. Craving 1-5	8. Activity 1-5	9. Mood
19	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
20	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
21	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
23	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
23	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
24	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
25	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
26	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
27	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

28	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
29	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
30	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
31	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
32	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
33	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
34	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
35	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
36	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy
37	_____ am _____ pm	<input type="checkbox"/> Working <input type="checkbox"/> Resting <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> On the phone	<input type="checkbox"/> Home <input type="checkbox"/> Car	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Hurried <input type="checkbox"/> Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	□	□	<input type="checkbox"/> Sad <input type="checkbox"/> Neutral <input type="checkbox"/> Happy

If lost, return to:

HEAL

1200 East Joppa Road, Suite G  
Towson, Maryland 21286

Or call toll free: 1-866-264-0012