

Craving Journal

Date: _____

Cigarette number	Time of day	Craving level	What I was doing	Who I was with	How I was feeling
Example	10:45 a.m.	3	at work	alone	stressed out
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					