

Exercise Assisted Reduction for Smoking (EARS)

SESSION NOTES

Practice Participant ID	
Health Trainer	

DATE:**TIME:****LOCATION:**

PATIENT'S SELF REPORTED PHYSICAL ACTIVITY

PATIENT'S SELF REPORTED SMOKING REDUCTION

GOAL PLANNING AND SETTING

SUPPORT AND INVOLVEMENT OF SIGNIFICANT OTHERS

Carbon Monoxide reading :

Time of last cigarette:

Notes: