

## 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: