



# Week 6: Half Way Review:

**Reflection:** What changes have you noticed since you quit smoking? List any side effects or benefits and talk about them with your practitioner:

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What is going well – what have you found to be helpful in the last 6 weeks. Write these down below and share with your practitioner:

*E.g., the support of others.*

## Refocusing and Top Tips

- Remind yourself why you are quitting smoking.
- Remove any triggers that could cause you to relapse.

Here is space for you to write down more top tips discussed:



## Supporting Positive Mental Health on Your Smoke-Free Journey

1. **Keep Learning** - Learning new things can make you feel good about yourself. You could try something new, like joining a cooking class, reading a new book, or looking up information on a topic you like.
2. **Be Active** - Regular exercise can help you feel less anxious and sad. Find a fun activity that you enjoy and do it every day. It doesn't have to be a trip to the gym. It can be a walk outside, a game of football, or even just taking the stairs instead of the lift.
3. **Eat Healthy** - Eating a healthy diet with lots of fruits and vegetables, lean proteins, whole grains, and healthy fats is important. This will help you stay a good weight and get all the nutrients your body needs.
4. **Notice** - Always pay attention to what's happening around you. You can do this by trying a new lunch spot, taking a different way to school, or just sitting in the park and watching people pass by.
5. **Connect** - Spend time with the people you care about. This could be family, friends, or classmates. You could take just 5 minutes to ask someone how they're doing or chat with someone new.
6. **Give** - Helping others can also make you feel good. You could volunteer at a local shop or charity, or you could do something as simple as giving someone a smile. [What will you do to maintain the behaviour change and stay smoke free:](#)

What will you do to maintain the behaviour change and stay smoke free:

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## Weekly Change Diary:

Day	Daily Reflection	Side Effects	Changes Noticed
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## Weekly Update:

Did you attend the session/appointment this week? If not, why?	
Did you have any cigarettes this week?	
If Yes, was this planned?	
If Yes, how many?	

## 6 Week Carbon Monoxide and Blood Pressure Readings:

Date	CO reading in ppm (parts per million)	Blood pressure reading
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