**MY PERSONAL QUIT SMOKING PLAN**

Today, I’m making a plan to change my life. I have decided to quit smoking, and my plan is outlined on this page. With the encouragement of my family and friends, and resources provided by my healthcare professional(s), I know I’ll have the support I need to help me make this important, healthy change in my life.

### FOR PATIENTS:
Complete this plan with your healthcare professional. Take it home to serve as a reminder or share it with family and friends.

### FOR HEALTHCARE PROFESSIONALS:
Complete this plan together with your patient, and include a copy in the patient’s chart.

**PATIENT NAME:** ____________________________ **DATE:** ____________________________

1. **WHAT ARE THE MAIN REASONS WHY I HAVE DECIDED TO QUIT SMOKING?**
   (eg. my health, my family, financial)

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2. **WHAT ARE SOME THINGS THAT HAVE PREVENTED ME FROM QUITTING IN THE PAST?**
   (eg. stress, habit, social settings)

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3. **HERE ARE A COUPLE OF THINGS THAT MIGHT MAKE ME WANT TO SMOKE:**

   - [ ] Waking up
   - [ ] Driving in the car
   - [ ] Alcohol
   - [ ] Other: ________________

   - [ ] Coffee
   - [ ] Breaks after meals
   - [ ] Boredom

4. **WHAT CHALLENGES WILL I FACE IN THE NEXT FEW MONTHS THAT MIGHT AFFECT MY QUIT?**
   (eg. family event, fear of failure, fear of weight gain, stress)

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5. **WHAT STRENGTHS DO I HAVE THAT WILL HELP ME SUCCEED?**
   (eg. I am strong-willed, goal-oriented)

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6. **IF I FEEL THE URGE TO SMOKE, INSTEAD I WILL:**
   (eg. use nicotine replacement therapy, drink a glass of water, count to 20)

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7. **MY DAILY AFFIRMATION OR NEW WAY OF THINKING CAN BE:**
   (eg. smoking isn’t an option, I see myself as a nonsmoker)

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8. **MY NEW BEHAVIOR:**
   (eg. alter routines, plan ahead, keep busy)

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WHICH NICOTINE REPLACEMENT TREATMENT IS RIGHT FOR ME?

For steady nicotine levels that last all day:

NICODERM® CQ® PATCH

4 mg  2 mg
14 mg

NICORETTE® GUM

For relief right when a craving hits:

NICORETTE® LOZENGE

4 mg  2 mg

NICORETTE® MINI LOZENGE

4 mg  2 mg

Read and follow label directions. Behavioral support increases chances of success. Refer to downloadable dosing information for complete product dosing.

9. WHO WILL SUPPORT MY EFFORTS TO QUIT?
   (eg, family/friends, healthcare professional(s), websites, phone quit lines, quitting brochures)

10. HOW WILL THEY SUPPORT ME?
    (eg, phone calls, positive e-mails, listening)

11. MY NEXT STEPS AND WHEN I WILL DO THEM:
    (eg, tell my friends/family, clean my car)

12. AT MY FOLLOW-UP APPOINTMENT WITH MY HEALTHCARE PROFESSIONAL, WE WILL:
    (eg, review medication, discuss challenges, celebrate successes)

On this day, __________, I agree to start living a smoke-free life.

Signed: