

MY QUIT PLAN

How ready am I to quit tobacco?

0 1 2 3 4 5 6 7 8 9 10
Not ready *Somewhat ready* *READY!*

The REASONS I am ready to quit: _____

My LAST date of tobacco use: _____

My support person for quitting: _____

My tobacco TRIGGERS and how I will OVERCOME them: *Mark plan(s) to overcome triggers.*

• **EMOTIONAL:**

Being stressed or upset: Deep breaths Call someone Exercise

Other _____

• **SOCIAL:**

Drinking alcohol: Drink something different Chew gum Avoid alcohol for now

Being with smokers: Go somewhere else Ask them not to smoke by you
 Chew gum

• **HABIT:**

After eating: Start the dishes Go for a walk Drink water Have a low-cal treat

Drinking coffee: Drink something else Change routine Take a shower

Boredom: Think of reasons to quit Start a hobby Do something you put off

TREATMENT I WILL USE TO HELP ME QUIT

Using a medication AND talking with a counselor increases your chances of quitting for good.

• **Medication in the hospital:** Zyban™ Nicotine patch Nicotine gum Chantix™

• **Ask for prescription medication upon discharge:**

Zyban™ Nicotine patch Nicotine gum Chantix™

• **Sign up for the Alabama Quitline (800-QUIT-NOW):**

Telephone counseling and, if you qualify, free nicotine patches: Yes No

• **Other:** _____
