

## **YOUR OWN PLAN TO QUIT**

1. **SET A DATE**

What is the date that you've set to stop using nicotine?

\_\_\_\_\_

1. **CONSIDER MEDICATION:**

Read over the descriptions of your options.

Are you deciding to try some form of medication?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, what form are you going to try?

\_\_\_\_\_

What are your plans to obtain the medication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **CLEAN OUT YOUR ENVIRONMENT:**

What are you going to need to destroy, clean or throw away in your environment (example: cigarettes, chewing tobacco, ashtrays, lighters), and how are you going to do it?

| ITEM | METHOD OF CLEANING/DESTRUCTION |
|------|--------------------------------|
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3. **PREPARE A SURVIVAL KIT:**

When are your three most important cigarettes (or chew) during the day?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

