

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

3. **PREPARE A SURVIVAL KIT:**

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

1. _____
2. _____
3. _____

