

MY NICOTINE QUIT PLAN

Quit Date: _____

Reasons to Quit

- Improve my health
- People who care about me want me to quit
- Take back control of my life
- Do better in school and activities
- Save money
- Set a good example
- Not get into trouble
- Have a better future
- Help the environment
- Other _____

Behavior Modifications

- 4 Ds: Delay use
Deep breathing
Drink flavored water
Do something else
- Reach out to a trusted support person
- Fidget toy/stress ball
- Chew gum/hard candies
- Other _____

Triggers

- Withdrawal symptoms
- Situational use
- _____
- _____
- Emotional state
- _____
- _____
- Environments
- _____
- _____
- Other
- _____
- _____

Medications

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Other _____



Practice Self Care: Let's talk about slip-ups and stress.

- Slip-ups and relapses are normal.
- Celebrate each day you succeed.
- Forgive yourself if you slip-up and use tobacco products or vape.
- Reach out to your trusted support person.
- Try healthy foods, exercise, mindfulness or meditation.
- Make a plan to remind you of your reasons for quitting.
- Get back on track.



Follow up with your medical provider in ____ week(s) on _____ with plan to step down medication-assisted treatment.

Provider Name _____

Provide a note for school including the information above.

ONLINE/TECHNOLOGICAL SUPPORT



My Life My Quit



Become an Ex



quitSTART



This is Quitting



Stay Quit Coach

