

TriHealth EAP

Preparing to Quit Nicotine-My Plan



1. Set a Date

Do you have a quit date? Why or why not? _____

2. Consider Medication

Read the descriptions of your options.

Are you trying medication? Yes No

If so, which medication? _____

How will you obtain the medication? _____

3. Clean your Environment

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

Item	Method of Cleaning/Destruction

4. Prepare a Survival Kit

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

1. _____

2. _____

3. _____

What are your plans for those times now that you are not using nicotine?

What physical habits will you develop to keep your hands busy and to replace the stimulation of nicotine? (examples - toothpicks, licorice, sugarless candy, straws, cinnamon sticks, paper clips, a coin to toss)

5. Gather Friends and Family Around You

Who are the friends and family who will support you in quitting nicotine?

How will you use them to support your plan to quit nicotine?
(examples - "Call them when I have a craving.", "Ask them not to smoke around me.", "Let them know I'm quitting and ask them to be more understanding.")
