CREATE YOUR QUIT PLAN!

Name:		• • • • • • •		 • • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • •
Date: .	• • • • • •	• • • • • • • •	•••••	 • • • • • • • • • • • •		• • • • • • • •

Step #1:

Think about a really hard thing you've overcome in the past.

wity was it challenging:	what motivated you to keep going:
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	•••••
	••••••
What did you do when you hit an obstacle and thought you might not get through?	How did you feel when you overcame the obstacle?
an obstacle and thought you might	
an obstacle and thought you might not get through?	
an obstacle and thought you might not get through?	
an obstacle and thought you might not get through?	overcame the obstacle?
an obstacle and thought you might not get through?	overcame the obstacle?

Step #2:

Check off the reasons you've decided to quit tobacco.

Keep my family safe and healthy	Notes:
☐ Be healthier	
Have better looking skin, hair, teeth	•••••••••••••••••••••••••••••••••••••••
,	••••••
☐ Save money	••••••
Live longer	••••••
☐ Doctor's recommendation	•••••••••••••••••••••••••••••••••••••••
Pregnancy	••••••
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Step #3: Plan your quit journey.

	Write down the date you will quit: Date: If you'd like support or free quit smoking medicines a. Talk to your doctor or your health insurance provider	□ 5.	Try to anticipate these moments and develop ways to deal with them. Some people chew gum or suck on hard candies, use fidget toys, or take up knitting or other things to keep their hands busy.
	about quit smoking medication. b. Order free patches or gum from the Oregon Tobacco Quit Line (1-800-QUIT-NOW). You can also text "READY" to 200-400 or visit QuitNow.net/Oregon . Allow about a week for your patches or gum to arrive, so you have them when your quit date comes.	□ 6.	Calculate how much money you'll save each week by not purchasing tobacco products. Write down that amount. tobacco products per week x \$ each = \$ saved per week Now write down how you'd like to save or spend that money:
□ 3.	Remove all reminders of tobacco. This might include cigarettes, matches, vape pens, chewing tobacco, ashtrays or lighters. It can also help to clean up and air out places where you might smell tobacco.		How I want to save or spend it:
□ 4.	Write down your triggers.	□ 7.	Imagine how you want to celebrate your quitting milestones and achievements. Write down some ideas:
	These are the moments when you crave tobacco the most. This might be your lunch break at work, going out with friends, or a stressful moment.	•	When I have gonedays without tobacco I will
			When I have gonedays without tobacco I will
			When I have gonedays without tobacco I will
			When I have gonedays without tobacco I will
			•••••••••••••••••••••••••••••••••••••••

It's okay if you relapse. Be kind to yourself and don't give up! You can always return to your quit plan.



Step #4: Share this quit plan with people who care about you, including your doctor, and get their support.

- 1. Talk with them about your quit plan.
- 2. Tell them what you need, and explain how they can help you.
- 3. Share what your tobacco triggers are so they can help you avoid them and support you through cravings.
- 4. Explain to the people in your life who use tobacco in your presence that you are trying to quit, and politely ask them to not use tobacco around you.
- **5.** Share your thanks and appreciation for the support you receive.
- 6. Talk to other people who are also trying to quit or who have quit for good.
- 7. Celebrate your achievements with people who care about you. (Take a look at your answer to #7 in the previous section for ow you might do that!)

IF YOU ARE CLOSE WITH SOMEONE WHO ALSO USES TOBACCO, TALK TO THEM ABOUT MAKING A PLAN TO QUIT TOGETHER.

YOU CAN ALSO ASK FOR GUIDANCE AND SUGGESTIONS FROM PEOPLE WHO HAVE QUIT TOBACCO AND UNDERSTAND THE PROCESS.

NOW YOU HAVE A PLAN TO QUIT TOBACCO!

