

# MY PREPARATION PLAN TO QUIT SMOKING

Fill out the following 8 blocks, using the suggestions on the next page for inspiration if necessary.

**MY QUIT DATE:** .....



## 1. MY SOURCES OF MOTIVATION

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## 2. WORDS AND IDEAS THAT INSPIRE ME

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## 3. MY TRICKS TO HANDLE CRAVINGS

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## 4. RISK SITUATIONS AND MY COPING STRATEGIES

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## 5. MY ANSWER IF SOMEONE OFFERS ME A CIGARETTE

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## 6. MY SUPPORTERS

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## 7. MY REWARDS — WHAT AND WHEN

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## 8. MY MEDICATION OR OTHER TREATMENT OPTIONS TO QUIT SMOKING

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## SOURCES OF MOTIVATION



- To be in better health
- To prevent diseases
- To have more energy
- To be in better shape/less short of breath
- To be done with tobacco addiction
- To not miss important moments
- To save money
- To see my children and grandchildren grow up
- To set a good example
- To protect my loved ones' health
- To taste food more
- To not smell like tobacco smoke
- To have a whiter smile
- To have better skin (complexion, dark circles under the eyes, etc.)
- Other source(s) of motivation

## TRICKS TO HANDLE CRAVINGS



- Getting some air or going for a walk
- Chewing sugar-free gum
- Brushing my teeth
- Exercising or dancing
- Cooking, crafting, or doing chores
- Remembering my reasons for quitting
- Reminding myself that it will pass
- Solving a Sudoku puzzle or doing a crossword
- Playing with a stress ball
- Doing a quick meditation
- Calling or texting a supporter or a friend
- Visiting the *Challenge's* Facebook page
- Calling the I QUIT NOW helpline (1-866-527-7383)
- Other trick(s)

## RISK SITUATIONS AND COPING STRATEGIES



*(examples)*

### **In the mornings:**

I drink water, take a shower, and have a breakfast I like

### **Morning coffee:**

I sample a variety of teas or herbal teas

### **After meals:**

I get up from the table, brush my teeth, and do the dishes

### **During breaks at work:**

I go for a walk or do some stretches

### **Outings with friends who smoke:**

for a little while, I keep in touch with them without seeing them in person

## MEDICATION



Consult a health professional, such as a doctor or a pharmacist, to determine the treatment that is best for you.

Make sure you follow the recommended treatment.

- Prescription medication (varenicline, bupropion)
- Nicotine patches, gum or lozenges
- Inhaler
- Mouth spray
- Other medication(s) or cessation method(s)

