

Set Up For Success

Your Personalized
Nicotine Quit Plan



The date I will quit is

BONUS: Add this date to your phone calendar

Situation (where I might find a trigger)	Strategy (what I will do instead)
<i>Example: Break time at work</i>	<i>Go to the breakroom and drink some water</i>

Fill out more of these in a journal and keep nearby

My motivation to quit is (CIRCLE)

Save money

Live Longer

My relationships

Control over my life

Baby on the way

To smell better

Set a good example

Fill in your own

My support system includes

The one(s) closest to me: _____

My doctor(s): _____

A call or text line: _____

Other: _____

I will contact them _____
(how and when?)

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I know that my triggers are (check boxes)

EMOTIONAL	EVERYDAY	SOCIAL TRIGGERS	Other Triggers
<input type="checkbox"/> Stress	<input type="checkbox"/> Waking up in the morning	<input type="checkbox"/> Drinking alcohol or going to a social event	<input type="checkbox"/> _____
<input type="checkbox"/> Happiness	<input type="checkbox"/> Texting/talking on the phone	<input type="checkbox"/> Seeing someone else smoke or chew	<input type="checkbox"/> _____
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Taking a break	<input type="checkbox"/> Smelling smoke	<input type="checkbox"/> _____
<input type="checkbox"/> Excitement	<input type="checkbox"/> Working or studying	<input type="checkbox"/> Being around other users	<input type="checkbox"/> _____
<input type="checkbox"/> Anger	<input type="checkbox"/> Watching a show/listening to music	<input type="checkbox"/> Being offered a cigarette, vape, or chew	<input type="checkbox"/> _____
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Seeing an ad for tobacco or nicotine products	<input type="checkbox"/> Celebrating a special occasion	<input type="checkbox"/> _____
<input type="checkbox"/> Sadness	<input type="checkbox"/> Drinking coffee		
<input type="checkbox"/> Boredom	<input type="checkbox"/> Walking or driving		
	<input type="checkbox"/> Finishing a meal		

Cravings Action Plan:

1. Recognize my trigger and do something else
2. Look at my motivation picture and think about why I chose to quit
3. Visit a place where smoking is not allowed
4. Drink some water or eat an orange
5. Journal, doodle, or color
6. Contact my support person(s), or my quit/text line
7. _____
8. _____
9. _____
10. _____

Keep your zones nicotine-free!

- ✓ Remove cigarettes, lighters, vape pens, chew cans, and other paraphernalia from your home, vehicle, and office space. Make sure not to keep any emergency packs anywhere. Your quit plan is all about success!
- ✓ Keep these items nearby: refillable water bottles, sugarless gum, hard candy, toothpicks, fidget toys, healthy snacks, a toothbrush, and your motivation photo.
- ✓ Create a list of ways to clean or organize, it will help to keep your hands and mind busy when triggers arrive.