



I'm Ready to Move Towards a Healthier Me

My reason for quitting tobacco, including vaping: _____

Decide how much time you want to give yourself before you quit. My Start Date is ___/___/___.

My reason for choosing this time period or date is: _____

Preparing to Quit

1. Consider Medications:

Are you thinking about Medications? Yes No

What are you thinking about using? _____

How will you access these medications? _____

2. Consider Other Help - check all you may try

I will call the Tobacco HelpLine 1-800-207-1230 on: Date _____

I will use a Quit App (list which one): _____

I will use a mobile text messaging program (list which one) _____

I will use quit smoking websites daily (list which ones) _____

3. Consider supportive people (family or friends) you can call, email or text to help you:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

I will tell people that being supportive to me means: _____

4. My plan to get rid of my cigarettes (or other tobacco) is: _____

5. Identify your triggers and what you will do instead of use tobacco:

My Triggers

Other Options

_____ Instead of smoking I'll: _____

_____ Instead of smoking I'll: _____

_____ Instead of smoking I'll: _____

_____ Instead of smoking I'll _____

_____ Instead of smoking I'll _____

6. On the back of this sheet, list the short term goals (small beginning steps) that you want to accomplish.

Day By Day – Getting Ready to Quit

As I'm getting ready to quit tobacco these are the things I'll work on.

1. First I'll _____

2. Next I'll _____

3. _____

4. _____

5. _____
