

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

QUIT DATE: \_\_\_\_\_

### Just before your quit date:

- Write down your personal reasons for quitting. Look at your list often.
- Keep a diary of when and why you smoke.
- Get rid of all your cigarettes, matches, lighters, and ashtrays.
- Tell friends and family that you're going to quit and what your quit date is.
- Get the medicine you plan to use. Medicine name: \_\_\_\_\_  
Begin taking your medicine on: \_\_\_\_\_
- Subscribe to SmokefreeTXT (<http://smokefree.gov/smokefreetxt>).
- Practice going without cigarettes in places where you spend a lot of time, such as your home, car, or workplace.
- Call **1-800-QUIT-NOW** (1-800-784-8669) for free materials and counseling.

### On your quit date:

- Quit smoking!
- Take your medicine as directed.
- Ask your friends, co-workers, and family for support.
- Change your daily routine.
- Avoid situations in which you would typically smoke.
- Drink plenty of water.
- Stay busy.
- Do something special to celebrate.

### Right after you quit:

- Develop a clean, fresh, tobacco-free environment around yourself, at work, and at home.
- Try to avoid drinking alcohol, coffee, or other beverages you associate with smoking.
- If you miss the sensation of having a cigarette in your mouth, try carrot or celery sticks, flavored toothpicks, or a straw.
- Chew sugarless gum or mints to help with cravings.
- Stay away from people who use tobacco.
- Reward yourself for successes—one hour, one day, or one week without using tobacco.
- Increase your physical activity.
- Return for a follow-up visit on:

**Additional recommendations:** \_\_\_\_\_

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Family physician's signature