MY QUIT SMOKING CHECKLIST

☐ LIST MY REASONS FOR QUITTING

☐ EXPLORE QUIT SMOKING OPTIONS WITH MY DOCTOR
  • Bring up quitting at next visit. Appointment date: ____

☐ CHOOSE A QUIT DATE (WRITE IT DOWN HERE!)

☐ NOTE MY SMOKING TRIGGERS
  • Where, when, and why do I have the urge to smoke?
  • How can I avoid or alter that situation?
  • Create my quit kit to help me avoid urges

☐ DOWNLOAD THE QUITTER’S CIRCLE APP AND TRACK MY QUIT

☐ MAKE A PLAN TO STAY SMOKEFREE
  • Slip-ups can happen. Make a plan for who to call
  • Look at my calendar and identify events that may involve smoking. Make a plan to get through them smokefree
  • Sign up for new activities that can keep me active and motivated
  • Practice saying “No thanks, I’ve quit smoking.” to doubters who may invite me to smoke
  • Reward myself with: ___________ when I am ___ week(s) smokefree

☐ TELL FRIENDS AND FAMILY THAT I AM QUITTING SMOKING!
  • Ask for their support

MY OWN QUIT SMOKING TO DOS:

________________________________________________________________________________________

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BELIEVE IN YOURSELF, YOU GOT THIS!

FROM YOUR FRIENDS AT QUITTER’S CIRCLE