MY QUIT, MY PLAN

Quitting tobacco can be tough, but I don't have to do it alone.

MY QUIT DATE

I am quitting: ☐ smoking ☐ vaping ☐ other tobacco or nicotine products

My quit date is: _____ / _____ / _____

MY REASONS FOR QUITTING

My reasons for quitting include (check all that apply):

- ☐ To feel better.
- ☐ To own my health.
- ☐ To feel less stressed or anxious.
- ☐ To feel less depressed.
- ☐ To take control of my future.
- ☐ To be here for my loved ones.
- ☐ To save money.
- ☐ To protect my spouse/partner's health.
- ☐ To protect my family's health.
- ☐ To protect my children's or pet's health.
- ☐ To protect the environment.
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY CONCERNS ABOUT QUITTING

I'm worried about quitting because (check all that apply):

- ☐ I like to smoke or vape.
- ☐ I like smoking or vaping with others.
- ☐ Smoking or vaping is a big part of who I am.
- ☐ My family or friends still smoke or vape.
- ☐ I use smoking or vaping to handle stress.
- ☐ I've got too much going on right now to quit.
- ☐ I'm too stressed to deal with quitting.
- ☐ I'm worried about withdrawal symptoms.
- ☐ I've quit before and it didn't last.
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY STRENGTHS

I will use my strengths to help me quit. I am (check all that apply):

- ☐ Able to change
- ☐ Brave
- ☐ Capable
- ☐ Creative
- ☐ Curious
- ☐ Determined
- ☐ Funny
- ☐ Hopeful
- ☐ Motivated
- ☐ Positive thinker
- ☐ Resourceful
- ☐ Self-aware
- ☐ Smart
- ☐ Spiritual
- ☐ Strong
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY TRIGGERS

Sometimes, I experience feelings and situations that trigger me to want to smoke or vape. They are (check all that apply):

- ☐ Anxiety or stress
- ☐ Boredom or loneliness
- ☐ Depression
- ☐ Doing homework or studying
- ☐ Texting or using social media
- ☐ Hanging out with friends
- ☐ Watching streaming services
- ☐ Playing video games
- ☐ Seeing ads for smoking or vaping
- ☐ Seeing others smoke or vape
- ☐ Smelling tobacco smoke or vapor
- ☐ Driving
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY PLAN TO DEAL WITH MY TRIGGERS

I will deal with my triggers by (check all that apply):

- ☐ Practicing saying, "I quit."
- ☐ Disposing of all tobacco and vape products.
- ☐ Washing clothes, bedding, and anything else that smells like smoke or vapor.
- ☐ Using replacement behaviors, (e.g., chewing sugar-free gum or eating sugar-free candy).
- ☐ Keeping my hands busy (e.g., journaling, drawing, knitting, painting, cleaning, petting my dog or cat).
- ☐ Going for a walk, run, or bike ride.
- ☐ Taking deep breaths or listening to music.
- ☐ Helping someone with a project or problem.
- ☐ Avoiding stores that sell tobacco or vapes.
- ☐ Asking others not to smoke or vape around me.
- ☐ Reaching out to others (e.g., see "My Resources").
- ☐ Other: _____

MY RESOURCES

I will use resources to support my quit. My resources are (check all that apply):

Counseling and/or Medication

- ☐ **Connecticut Quitline** - Provides adults ages 18 and older with free and confidential one-on-one telephone counseling and quit medications. Text support is also available. Call 1-800-QUIT-NOW for more information.
- ☐ **My Life, My Quit ™** - Offers youth ages 13 - 17 with free and confidential one-on-one text support. Text "Start My Quit" to 36072 for more information.
- ☐ **My healthcare provider** - Provides prescriptions for quit medications.
- ☐ **quitSTART or other apps** - Provides information and tips for quitting; tracks quit progress; offers tools and games to manage cravings. Available at Google Play and the Apple Store.
- ☐ **Other** (specify): _____

Supports

Having the support of others is an important part of my quit journey. They will help me remember why I decided to quit, encourage me if I feel like giving up, and celebrate my successes with me. My supports will be (check all that apply):

- ☐ Parent(s)
- ☐ Found family
- ☐ Siblings
- ☐ Friends
- ☐ Boyfriend/girlfriend
- ☐ Husband/wife
- ☐ Co-workers
- ☐ Faith leaders
- ☐ Pets
- ☐ Teachers
- ☐ Coaches
- ☐ Counselor
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____