

My Quit Plan

My NAME:

My PHARMACY:

GETTING READY TO QUIT

My Reasons for Quitting:

- My health
 My family
 Save money
 Personal appearance (better skin/smell)
 Fewer places to smoke/smoke outside
 Other: _____

MY TRIGGERS	HOW I CAN MANAGE MY TRIGGERS
<input type="checkbox"/> Coffee	<input type="checkbox"/> Avoid or switch to tea, hot chocolate, juice, ice water <input type="checkbox"/> Drink coffee in a nonsmoking area (e.g. coffee shop or at work)
<input type="checkbox"/> After meals	<input type="checkbox"/> Get up & wash the dishes <input type="checkbox"/> Have a mint <input type="checkbox"/> Go brush your teeth <input type="checkbox"/> Go for a walk
<input type="checkbox"/> Boredom	<input type="checkbox"/> Keep your hands and mouth busy <input type="checkbox"/> Call a friend <input type="checkbox"/> Go for a walk <input type="checkbox"/> Play a game
<input type="checkbox"/> Other smokers	<input type="checkbox"/> Avoid - Move to another area <input type="checkbox"/> Seek out nonsmokers
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Avoid or limit your alcohol intake <input type="checkbox"/> Drink ice water or something different <input type="checkbox"/> Avoid places where it will be hard to not drink and smoke (at first)
<input type="checkbox"/> Morning routine	<input type="checkbox"/> Change your routine (e.g. change the order of what you do, leave house earlier)
<input type="checkbox"/> Driving	<input type="checkbox"/> Keep your mouth busy – sugar/sucrose-free gum, mints, lollipops <input type="checkbox"/> Take a different route to work
<input type="checkbox"/> Stress	<input type="checkbox"/> Deep breathe <input type="checkbox"/> Go for a walk <input type="checkbox"/> Talk with a friend <input type="checkbox"/> Know smoking will not fix anything
<input type="checkbox"/> Task completion or break	<input type="checkbox"/> Find another reward for completing a task <input type="checkbox"/> Do something else during your break (e.g. stay at your desk or go for a walk)
<input type="checkbox"/> Other _____	

Shake up my routine:

- Smoke with other hand
 Delay 1st cigarette by 15 min
 Quit app- to track progress & savings
 Don't smoke in usual places
 Try cutting back before quit day (see below)

Not planning on quitting right away, but want to start cutting back:

- Only put your daily quota of cigarettes in your pack (keep the remainders hidden)
 Cut least important cigarettes (Use nicotine gum/lozenge/spray/inhaler to help manage difficult withdrawal symptoms)

Ready to quit: A day or 2 before...

- Get rid of cigarettes/lighters
 Get support from others
 Clean car/home
 Get quit supplies (gum, ice water, etc.) ready

On my quit day:

- Plan to keep busy
 Think about reasons for quitting
 Keep my quit supplies close
 Cut back on caffeine (coffee/tea/colas)



Pharmacists for a Smoke-Free Canada
Pharmaciens pour un Canada Sans Fumée

QUITTING

My Quit Day is: _____
(DD/MM/YY)

My Quit Medication/s are:

Nicotine patch starting with _____ mg for _____ weeks (My pharmacist will adjust my dose depending on how I am doing)

Nicotine spray: _____ Nicotine lozenge: _____

Nicotine inhaler: _____ Nicotine gum: _____

Dose: _____

Bupropion Dose: _____ Varenicline Dose: _____

Cytisine Dose: _____ Other: _____

My Plan to Cut Back/Reduce Starts On: _____
(DD/MM/YY)

My Cut Back Plan Is:

Always review proper use of your quit medications with your pharmacist to ensure you are getting the maximum benefit.

STAYING QUIT

My Plan to Deal with Cravings – 4D's

1. Delay

This will pass in a few minutes My reasons for quitting are... I am in control, not the cigarette

2. Do Something Else

- Keep mouth busy - Drink water; Brush teeth; Chew sugar-free gum/veggie sticks; Chew on a toothpick/straw; Suck on a sugar-free lollipop/frozen cherry
- Keep hands busy - Doodle/crosswords/puzzles/colouring/video game; Do a chore e.g. wash car/dog/dishes, gardening; Twirl a ring/fidget spinner or squeeze a stress ball
- Use nicotine gum/lozenge/inhaler/or spray

3. Deal with Stress

Deep breath, mindfulness, meditation Exercise – walk, jog, bike ride, swim, dance, yoga Relax – listen to music, take a bath, do a hobby, enjoy nature

4. Drink Water

My Plan to Avoid Weight Gain:

Exercise Eat healthy foods Avoid sugary drinks – drink water!

My Plan to Avoid/Deal with Slip-ups (Smoking Again)

- Stay on my quit medication and follow my pharmacist's advice
- If I think my medication is not working or is causing side effects, call my pharmacist**
- Have a plan for dealing with triggers, cravings, and stress and use it!
- Don't keep cigarettes around
- Avoid other smokers especially for first few weeks
- You cannot have just one
- Know that quitting is hard & slips are common – forgive yourself and try again
- A slip is an opportunity to learn – why did it happen & what could I do differently next time?