## MY NICOTINE QUIT PLAN



Quit Date: \_\_\_\_\_

Triggers  Withdrawal symptoms  Situational use  Emotional state  Environments  Environments
Other
Medications  Nicotine patch Nicotine gum Nicotine lozenge Other



	tice Self Care: s talk about slip-ups and	Reach out to your trusted support person.
stre	SS.	Try healthy foods, exercise, mindfulness or
	Slip-ups and relapses are normal.	meditation.
	Celebrate each day you succeed.	Make a plan to remind you of your reasons for quitting.
	Forgive yourself if you slip-up and use tobacco products or vape.	Get back on track.



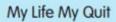
Follow up with your medical provider in \_\_\_\_ week(s) on \_\_\_\_ with plan to step down medication-assisted treatment.

Provider Name \_\_\_\_\_

Provide a note for school including the information above.

## ONLINE/TECHNOLOGICAL SUPPORT







Become an Ex



quitSTART



This is Quitting



Stay Quit Coach

