



## PLANNING FOR CHANGE: THINKING ABOUT QUITTING

Understanding the reasons why you smoke, in addition to considering your smoking patterns and routines, are important to the design of a successful quitting plan. Consider the following before you quit:

### WHY DO I STILL SMOKE?

My top 3 reasons for continuing to smoke are: (1)  
(2)  
(3)

### WHY IS QUITTING IMPORTANT?

My top 3 reasons for wanting to quit smoking are: (1)  
(2)  
(3)

### WHAT WERE YOUR MAIN DIFFICULTIES WITH QUITTING IN THE PAST?

My top 3 difficulties with quitting in the past were: (1)  
(2)  
(3)

### WHAT ARE YOUR BARRIERS TO QUITTING NOW?

My top 3 barriers to quitting now are: (1)  
(2)  
(3)

### WHAT IS THE WORST THING THAT COULD HAPPEN IF YOU QUIT SMOKING FOR GOOD?

### ARE YOU READY TO QUIT NOW? (WITHIN THE NEXT MONTH)

If YES, what will be your official quit date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ENTER DATE)

If NO, how might it benefit you to quit sooner (instead of later)?



# PLANNING FOR CHANGE: GETTING READY TO QUIT

Smokers don't plan to fail. Most *fail* to plan. To plan for quitting, you should:

(1) identify triggers for smoking and how to cope with them, (2) identify persons to help you throughout your quit attempt, and (3) choose the best methods—for you—for quitting.

## WHAT ARE YOUR THREE MAIN TRIGGERS OR SITUATIONS FOR SMOKING?

To deal with situations when you feel the urge to smoke, you should (1) identify the trigger situation, (2) change what you do or how you do it, and (3) change the thoughts that trigger the desire to smoke.

**Trigger #1:**

- I will change *what I do* in this situation by:
  
- I will change *how I think* in this situation by:

**Trigger #2:**

- I will change *what I do* in this situation by:
  
- I will change *how I think* in this situation by:

**Trigger #3:**

- I will change *what I do* in this situation by:
  
- I will change *how I think* in this situation by:

## WHO WILL HELP YOU WITH QUITTING?

**My top 3 persons who will have a positive influence on my ability to quit for good:**

(1)

(2)

(3)

## WHAT FORM OF COUNSELING ASSISTANCE WILL YOU RECEIVE WHILE QUITTING?

## WHAT MEDICATION(S) WILL YOU USE FOR QUITTING, AND HOW WILL YOU USE THEM?