



An environment beyond measure.



Stop Smoking Timeline

Get Ready to Quit

1. What do I want to quit?
2. What is my quit date?
3. What do I need to do to get ready?
4. What medicines might help and why?
5. What help do I need to stay smoke-free?

I Can Control My Cravings By:

3 effects of smoking addiction and ways to cope:

- **Physical** – Drink more water; Use medicines as prescribed
- **Psychological** – Relaxation techniques; Deep breathing
- **Habit** – Clean out ashtrays & lighters; Use puzzles, knitting, playing cards, yo-yo, stress ball; Chew gum or eat hard candy

Medication Start Date: _____

Quit Date: _____

About My Medicines:

Numbers to Call: 1.800.QUITNOW