

# QUIT FOR A KIT

*plan*

KEEP THIS QUIT PLAN SOMEWHERE CONVENIENT TO LOOK AT FOR SUPPORT WHEN YOU NEED IT!

## SUPPORT PLAN

WHO CAN YOU TURN TO FOR SUPPORT AND TO KEEP YOU ACCOUNTABLE?

### TIPS:

- >PEOPLE THAT USE THE SOUTH DAKOTA QUITLINE (1-866-737-8437) HAVE A SUCCESS RATE OF OVER 40%! GIVE THEM A CALL FOR FREE COACHING OR MEDS TO HELP YOU QUIT.
- >TELL FAMILY, FRIENDS, AND COWORKERS YOU ARE QUITTING AND GIVE THEM PERMISSION TO CHECK IN WITH YOU TO SEE HOW IT'S GOING

## QUIT DATE

CHOOSE A DATE WITHIN THE NEXT 30 DAYS TO HAVE YOUR LAST CIG, CHEW, OR VAPE. USING A DATE WITH SIGNIFICANCE (EX. A CHILD'S BIRTHDAY OR A SPECIAL ANNIVERSARY) CAN BE HELPFUL!

\_\_\_\_/\_\_\_\_/\_\_\_\_

*I Can  
&  
I Will*

## MOTIVATION

LIST OF REASONS YOU WANT TO QUIT

## EXPECTED TRIGGERS

LIST OF THINGS THAT MIGHT MAKE YOU WANT TO SMOKE, CHEW OR VAPE. KNOWING YOUR TRIGGERS CAN HELP YOU AVOID THEM.

## PLAN TO OVERCOME CRAVINGS

WHAT SKILLS AND BEHAVIORS CAN YOU USE TO GET THROUGH CRAVINGS? REMEMBER EACH CRAVING LASTS 3 MINUTES ON AVERAGE.

## REWARDS

WHAT WILL YOU DO TO TREAT YOURSELF FOR EACH MILESTONE YOU MAKE?

1 DAY: \_\_\_\_\_

1 WEEK: \_\_\_\_\_

1 MONTH: \_\_\_\_\_

6 MONTHS: \_\_\_\_\_

1 YEAR: \_\_\_\_\_

