

Patient Name:

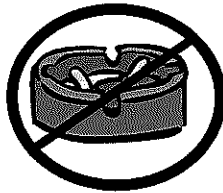
DOB:

Today's date:

# My smoking cessation self-management goal



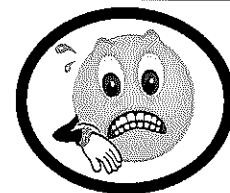
Identify & avoid triggers



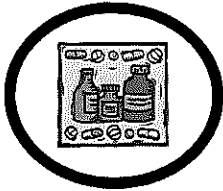
Throw out anything related to smoking



Be Physically Active



Reduce Stress



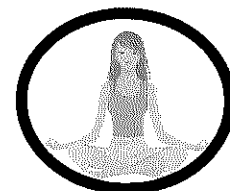
Tell Doctor & Pharmacist of any herbals or OTCs



Limit Alcohol



Form a support system



Find alternative stress relievers

My official quit date will be (choose an exact day):

\_\_\_\_\_

How I am going to approach this date (e.g. prepare family):

\_\_\_\_\_

Things that will help me quit (e.g. becoming healthier):

\_\_\_\_\_

What might get in the way of the plan (e.g. not having support):

\_\_\_\_\_

What can I do about it (e.g. start a support system before):

\_\_\_\_\_

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not										Totally
At all										Confident

Follow-up plan (how and when): \_\_\_\_\_