

# Your Toolbox for Quitting Tobacco: How to Quit for Good

1. How motivated are you to quit, on a scale of 1-10? Circle a number.

1 2 3 4 5 6 7 8 9 10

Not motivated Highly motivated

2. What are your motivations to quit smoking?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. How confident are you that you can quit if you want to, on a scale of 1-10?

1 2 3 4 5 6 7 8 9 10

Not motivated Highly motivated

4. What would increase your confidence in your ability to quit?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. What are some triggers that cause you to want to smoke?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. What can you do to divert your attention from a craving?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. After 3 minutes do you still crave a cigarette?

- Yes
- No

8. Determine which method(s) of treatment of nicotine dependence and smoking cessation you are interested in speaking to a medical professional about:

- Nicotine replacement therapy (NRT): the patch, gum, lozenge, nasal spray, oral inhaler
- Prescription medications: Wellbutrin or Varenicline
- Support, Guidance & Web Options

9. Choose your quit date:

- \_\_\_\_\_

10. Who will you reach out to for support?

- a) Primary Care Provider
- b) Swedish's Tobacco-Related Diseases and Lung Cancer Screening Program, 206-386-6800
- c) 1-800-QUIT-NOW (1-800-784-8669)
- d) Your employer (several employers offer free programs to help quit smoking)

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