

MY QUIT PLAN

MY QUIT DAY:

**HOW I WILL DEAL WITH
CRAVINGS OR URGES
TO SMOKE:**

MY REASONS TO QUIT:

1. _____

2. _____

3. _____

4. _____

HOW I WILL CELEBRATE:

MY SUPPORT:

MY REDUCTION PLAN

MY REDUCTION GOAL:

**HOW I WILL DEAL WITH
CRAVINGS OR URGES
TO SMOKE:**

MY REASONS TO REDUCE:

1. _____

2. _____

3. _____

4. _____

HOW I WILL CELEBRATE:

MY SUPPORT:

TRACKING MY HABITS

TIME OF DAY	WHERE I AM	WHAT I'M DOING	# OF CIGARETTES
MORNING			
AFTERNOON			
EVENING			