



You are Ready! ~ *Pick a quit date and go for it!*

Quit date: _____

What's Worked and What's Not? ~ *Make a list.*

What's Worked?

What's Not?

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Your I Quit! Network ~ *Let it be heard loud and proud that you are making the commitment to quit. Tell friends, family members, coworkers, and health care providers to gain support. Use your resources to develop an I Quit! Network.*

_____	Phone Number: _____
_____	Phone Number: _____
_____	Phone Number: _____
_____	Phone Number: _____

Some Questions to Ask Yourself & Medical Provider(s) ~ *What questions do you have and what resources will you need to be successful at quitting?*

- Is medication right for me? What medications are available?
- Will I need to make changes in my diet? Can exercise increase my chances of quitting?
- How will others smoking around me impact my progress?
- What new behaviors will I need to learn? What quit tips can help me the most?
- Can caffeine and/or alcohol impact my ability to quit? What else could effect my quitting?
- What other supports will I need to be a successful quitter? What services exist that can help me with my quitting?

Next Steps ~ *Decide for you what to do next and remember quitting smoking is hard. Prepare for the challenges and plan for the obstacles. In this case, quitting is okay!*

For a local program call Southwestern Vermont Medical Center at 447-5508 or you can check out statewide services by dialing 1-800-QUIT-NOW and/or viewing the Vermont Department of Health's Website at www.vtquitnet.com.