




# Tobacco Cessation Toolkit

## My Tobacco Change Plan

Name \_\_\_\_\_ Change Date: \_\_\_\_\_

My Reasons for Change:		
My SMART Health Goal:		
My coping strategies	When in this situation...	I will...
Severe Triggers 		
Moderate Triggers 		
Mild Triggers 		
My supports	I will contact...	When I feel...

My progress	I will track my progress by...	
My NRT	Dose	To be taken
<input type="checkbox"/> Patch		
<input type="checkbox"/> Gum		
<input type="checkbox"/> Lozenge		
<input type="checkbox"/> Spray		
<input type="checkbox"/> Inhaler		
My prescriptions	Dose	To be taken
<input type="checkbox"/> Varenicline (Champix®)		
<input type="checkbox"/> Bupoprion (Zyban®)		
<input type="checkbox"/> Other:		
My tips - ideas from my educator/counsellor/health provider		
Ways to celebrate and reward myself	When I have...	I will...
My Certified Tobacco Educator/ Counsellor/ Health Provider	Name:	Contact Info:

Adapted with permission from Canadian Network for Respiratory Care, 2017.