

Prescription: *Quit Smoking*

Patient Name: _____ Date: ____/____/____

Quit Date: ____/____/____

Just before your quit date:

- Write down your personal reasons for stopping. Look at your list often.
- Keep a diary of when and why you smoke.
- Get rid of all of your cigarettes, matches, lighters and ashtrays.
- Tell friends and family that you're going to stop and what your quit date is.
- Get the medication you plan to use. Medication name: _____
Begin taking your medication on: _____
- Practice going without cigarettes in places where you spend a lot of time, such as your home or car.
- Call **1-800-QUIT-NOW** for free materials and counseling.

On your quit date:

- Stop smoking!
- Take your medication.
- Ask your friends, co-workers and family for support.
- Change your daily routine.
- Avoid situations where you'd typically smoke.
- Drink plenty of water.
- Stay busy.
- Do something special to celebrate.

Right after you stop:

- Develop a clean, fresh nonsmoking environment around yourself, at work and at home.
- Try to avoid drinking alcohol, coffee or other beverages you associate with smoking.
- If you miss the sensation of having a cigarette in your mouth, try carrot or celery sticks, flavored toothpicks or a straw.
- Chew sugarless gum or mints to help with cravings.
- Stay away from people who smoke.
- Reward yourself for successes — one hour, one day or one week without smoking.
- Start an exercise program.
- Return for a follow-up visit on: _____

Additional recommendations: _____



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