

My quit buddies:

Who can you trust to help you through the process of quitting?

Name:
Number:

Name:
Number:

Name:
Number:

Name:
Number:

Free resources:

Here are some apps and other resources to help you on your path to a smokefree life.

Phone Apps: quitstart; thisisquitting (twitter); CDC Tips from Former Smokers Quit Guide; quitterscircle

On-line smoking cessation programs: Become an Ex; HelpGuide.Org

Phone Counseling: 1-800 Quit Now (Oregon Quit Line)

Month One: _____

Write the number of cigarettes you smoke per day and watch your progress grow.

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Days without smoking: _____

Month Two (If needed): _____

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Days without smoking: _____

Planned quit date:

Actual quit date:

Is your planned quit date the same as your actual quit date?

I DID IT!
What will I do to celebrate?

my**path**

Name: _____

Quit Date: _____
Month Day Year

multco.us/REACH



..... welcome!

Welcome to the MY PATH booklet! It is designed to help you stay true to your goal to live a smoke and tobacco-free life! Keep this guide in your pocket or in your purse or where ever you might find it handy. As you feel the urge to smoke reach for MY PATH instead. See how much progress you make chalking up the smoke-free days on your calendar; be reminded of why you want to quit; remind yourself of your coping alternatives when you feel the urge to smoke; have the name(s) and numbers of your "quit buddies" handy and walk YOUR PATH to your quit date and a smoke-free life.

Benefits to quitting?

Quitting smoking – makes a lot of cents!

A pack a day smoker can save \$120 a month by quitting.

Quitting smoking – adds years to your life!

Life expectancy for a non-smoker is more than 10 years longer than for a smoker.

Quitting smoking – prevents many disease risks!

Within 1 year of quitting the added risk of heart disease drops by half.

Quitting smoking – protects the health of your family!

By eliminating second-hand smoke you can prevent your children from serious health problems.

Why are you quitting?

Find your why.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

"In ten years..."

List your personal goals for your future without cigarettes:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

What makes me want to smoke?

List situations or feelings you have when you reach for a cigarette.

1. _____
2. _____
3. _____
4. _____
5. _____

What can I do instead?

Try listing alternatives to smoking.

1. _____
2. _____
3. _____
4. _____
5. _____