

Projected Quit Date: \_\_\_\_\_



### Tobacco Cessation Program **Plan of Action Form**

This Plan of Action is an effort to assist you in determining triggers and/or habits associated with smoking. This form can also be used to help you chart your progress along the way.

- I will **choose** not to smoke out of habit or boredom, instead I will do one of the following:  
\_\_\_\_\_
- Instead of smoking in the car I will break that habit by doing:  
\_\_\_\_\_
- I will break the habit of smoking while drinking coffee or alcohol by:  
\_\_\_\_\_
- I will delay smoking after eating by doing one of the following activities:  
\_\_\_\_\_
- If I smoke inside the house I will move my smoking to the following area outside:  
\_\_\_\_\_
- I will put my cigarettes in an inconvenient place:  
\_\_\_\_\_
- I will limit the number of cigarettes that I bring with me when I go to the casino, bar or work.
- I will choose not to smoke to deal with stress, but will develop and use the following coping skills instead: \_\_\_\_\_  
\_\_\_\_\_
- OTHER: \_\_\_\_\_  
\_\_\_\_\_
- OTHER: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date