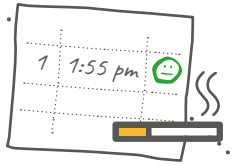
My Quit Plan

STEP 3

Keep a **SMOKING DIARY** for 1 week to track your habits before quit date ...



Welcome to step 3 of your incredible journey to smoke-free living. At Nicorette®, we understand that everyone is different. That's why we've created this personalised quit programme to support you on your way. It's all about matching your smoking habits with quitting strategies that will work for you.

Keep a pre-quit-smoking diary

Keeping a smoking diary for a week is a good way to prepare yourself for quitting. Count how many cigarettes you smoke, when you smoke, what you do while smoking, and how much you needed or enjoyed that particular cigarette.

At step 4 we will ask you to review your smoking diary in order to prepare your quit plan. Look for patterns. For instance, do you smoke more in the morning or at night? Do you mostly smoke with meals or after meals? Do you smoke more when you're with other people or when you're alone?

Becoming more aware of your smoking habit gives you more control of your behaviour and makes it easier to change it. Boost your chances to quit successfully and be prepared when cravings are most likely to strike!

You have started... you might as well keep going!

UK/NI/17-10292

My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 1

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**
6:45 am	1	Waking up	4	2

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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GREAT START – KEEP TRACKING!

Nicorette® contains nicotine. Stop smoking aid. Requires willpower. Always read the label.

My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 2

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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YOU'RE GETTING THE HANG OF IT ...

Nicorette® contains nicotine. Always read the label. Stop smoking aid.

My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 3

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

What makes you want to quit?

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 4

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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NOTICE HOW PATTERNS CHANGE THROUGHOUT THE WEEK

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My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 5

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

Describe your cravings and challenges...

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 6

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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EVERY STEP COUNTS,
NO MATTER HOW SMALL!

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My Quit Plan

Boost your chances of success ... track your habit!

Your Pre-Quit-Smoking Diary

DAY 7

Date: .....

Note the time	Number of cigarettes	What I was doing at the time	How much did I need that cigarette*	How much did I enjoy it**

Scale 1 – 5:
1 I really need it! ...
5 I didn't need it!

Scale 1 – 5:
1 I really enjoyed it! ...
5 I didn't enjoy it!

Notes:

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WELL DONE!
NOW OFF TO STEP 3 ...

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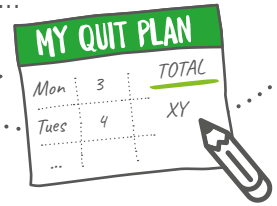
My Quit Plan

STEP 5

Fill out **MY QUIT PLAN** and replace cigarettes with your chosen product ...



You've reached step 5 of your incredible journey to smoke-free living! All you have to do now is fill out your quit plan by swapping your smoking habit with your chosen NRT product.

Create your quit plan

Using your smoking diary you should feel more confident knowing when cravings are likely to strike once you quit smoking – especially noting the cigarettes really craved. Swap your cigarettes and craving urges for your chosen Nicorette® product. Identify how much to buy each week to ensure you're prepared when cravings strike.

My Quit Plan

Your choice of NRT for this week:

Day of the week	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7 .....
Morning							
Mid-Morning							
Lunch							
Afternoon							
Evening							
Night							
TOTAL amount of NRT product needed for the day							

TOTAL amount of NRT product for this week:

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