PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

Quit Plan

Quitting Tobacco is more important to me because:

_____

_____

Why Test Scores: _____ **Strategy:** _____

Modified Fagerstrom Score: _____

I would like to use drug therapy to help with cravings and withdrawal symptoms:

☐ **Yes** ☐ **No**

☐ **NRT (Patch, Gum, Lozenge, Inhaler, Spray)**

☐ **Varenicline**

☐ **Bupropion**

Quit Date: _____

Quit Buddy/Support System: _____

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My Challenges/Triggers	My Plan
Stressors	**My Plan**
Environmental Control	**My Plan**

Cravings	My Plan
Thought Management	**My Plan**
Socializing	**My Plan**