

SECTION 8: COMPLIANCE AND ENFORCEMENT

GETTING THROUGH THE SCHOOL DAY WITHOUT TOBACCO

Student Name: _____ Date: _____

WHEN DO YOU HAVE TOBACCO/NICOTINE CRAVINGS?	WHEN DO YOU USE TOBACCO/NICOTINE AT SCHOOL?
<input type="checkbox"/> Before school	<input type="checkbox"/> Before class
<input type="checkbox"/> During school	<input type="checkbox"/> During class
<input type="checkbox"/> After school	<input type="checkbox"/> After class
<input type="checkbox"/> When my friends are using	<input type="checkbox"/> When my friends are using
<input type="checkbox"/> During classes: which ones?	<input type="checkbox"/> During lunch/gym: which one?
<hr/>	
<input type="checkbox"/> When i'm at a social activity	<input type="checkbox"/> When I'm at an off-campus school activity:
<input type="checkbox"/> When i'm bored	which ones?
<input type="checkbox"/> When i'm stressed	<input type="checkbox"/> When i'm bored
<input type="checkbox"/> When i'm upset	<input type="checkbox"/> When i'm stressed
<input type="checkbox"/> Other:	<input type="checkbox"/> When i'm upset
<hr/>	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

WHAT ACTIVITIES HELP ME FORGET ABOUT TOBACCO/NICOTINE? (I.E. SPORTS, PLAYING AN INSTRUMENT, HANGING WITH FAMILY, ETC.)

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A. MY PLAN:

1. Use Nicotine Replacement Therapy (NRT) during the school day: patch, gum or lozenges.

The NRT must be stored in the nurse's office. You can get it from the nurse as needed / prescribed.

2. Distract myself from cravings:

Keep my hands busy:

Text a friend

Draw

Help a teacher grade / clean

Have a healthy snack or drink water

Listen to music

Take deep breaths

Go for a walk

Positive self-talk

Chew gum

Other _____

Other _____

3. I will change my routine:

Hang out with friends who don't smoke during times when I usually smoke at school

Take a different route to classes

Not hang out in known smoking areas

Other _____

Other _____

4. I will find support:

Tell friends that I have decided not to use at school

Find a friend to talk to when I have a craving

Hang out with friends who don't smoke

Talk to a teacher or staff member who cares about me

Visit the school-based health center to get support

Other _____

Student Signature

Nurse / Counselor Signature