

SECTION 8: COMPLIANCE AND ENFORCEMENT

GETTING THROUGH THE SCHOOL DAY WITHOUT TOBACCO

Student Name: _____ Date: _____

WHEN DO YOU HAVE TOBACCO/NICOTINE CRAVINGS?

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ When my friends are using
- ☐ During classes: which ones?

- ☐ When i'm at a social activity
- ☐ When i'm bored
- ☐ When i'm stressed
- ☐ When i'm upset
- ☐ Other:

WHEN DO YOU USE TOBACCO/NICOTINE AT SCHOOL?

- ☐ Before class
- ☐ During class
- ☐ After class
- ☐ When my friends are using
- ☐ During lunch/gym: which one?

- ☐ When I'm at an off-campus school activity: which ones?
- ☐ When i'm bored
- ☐ When i'm stressed
- ☐ When i'm upset
- ☐ 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