

# SECTION 7: RESOURCES

## GETTING THROUGH THE SCHOOL DAY WITHOUT TOBACCO A NO TOBACCO USE AT SCHOOL PLAN FOR STUDENTS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

WHEN DO YOU HAVE CRAVINGS FOR TOBACCO?	WHEN DO YOU USE TOBACCO AT SCHOOL?
<input type="checkbox"/> before school	<input type="checkbox"/> before school
<input type="checkbox"/> during lunch	<input type="checkbox"/> during lunch
<input type="checkbox"/> after school	<input type="checkbox"/> after school
<input type="checkbox"/> with my friends: which one(s): _____	<input type="checkbox"/> with my friends: which one(s): _____
<input type="checkbox"/> during classes: which one(s)? _____	<input type="checkbox"/> during classes: which one(s)? _____
<input type="checkbox"/> when I am bored	<input type="checkbox"/> when I am bored
<input type="checkbox"/> during passing periods: which one(s)? _____	<input type="checkbox"/> during passing periods: which one(s)? _____
<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____

### A. MY PLAN:

#### 1. Use Nicotine Replacement Therapy (NRT) during the school day:

- Use patches, gum, or lozenges to manage my nicotine cravings. 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 \_\_\_\_\_

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### 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