

SESSION 2: TRIGGERS



TRIGGERS ARE SITUATIONS, EMOTIONS, PHYSICAL SENSATIONS (LIKE FEELING TIRED), THOUGHTS, OR PEOPLE THAT MAKE YOU WANT TO VAPE.

BELOW ARE COMMON TRIGGERS. PLACE A CHECK NEXT TO THE TRIGGERS THAT MAKE YOU WANT TO VAPE.



WHAT DO YOU ANTICIPATE WILL BE YOUR BIGGEST TRIGGER IN THE COMING WEEK? HOW WILL YOU OVERCOME IT?

EXAMPLE: MY BIGGEST TRIGGER
WILL BE WANTING TO VAPE WHEN
I'M DRIVING, SO I'LL AVOID THE
SITUATION BY THROWING MY VAPE
AWAY OR LEAVING IT AT HOME.

01	ГН	ER	PER	SONA	L TR	IGGE	RS:

WHEN I HAVE CRAVINGS, I'LL USE THE 4DS:

DELAY (WAIT 10MIN BEFORE YOU PICK UP YOUR VAPE. YOUR CRAVING WILL PASS.)

D RINK WATER

DEEP BREATHE

DISTRACT TAKE YOUR MIND OFF
YOUR CRAVING!)



MY QUIT DAY CHECKLIST



CONGRATULATIONS ON QUITTING OR TAKING THE NEXT	STEPS
TOWARDS BEING VAPE-FREE.	
USE THIS CHECKLIST TO MAKE SURE THAT YOU'VE	SET
YOURSELF UP FOR THE BEST CHANCE OF QUITTIN	G!
TO PREPARE FOR MY QUIT DAY, I WILL	
THROW AWAY VAPE OR GIVE IT TO A FRIEND	
TELL MY SUPPORT PERSON I'M QUITTING	
AND ASK THEM FOR HELP AND SUPPORT	
EX. PARENT, SIBLING, FRIEND, COACH, ETC	
MAKE A PLAN FOR HOW I WILL OVERCOME	
MY TRIGGERS.	
EX. BEING AROUND OTHERS WHO ARE VAPING.	
BEING STRESSED AT SCHOOL OR WORK, ETC.	
USE THE 4 DS (DELAY, DRINK WATER, DEEP	
BREATH, DISTRACT)	
TIDENTIFY THE REASONS WHY I AM QUITTING	
VAPING FOR GOOD.	
EX. SAVING MONEY, HEALTHIER LIFESTYLE, WON'T	
HAVE TO LIE TO FAMILY, ETC.	



MY QUIT DAY CHECKLIST



TOP 3 REASONS FOR QUITTING

EXAMPLE: I'M TIRED OF LYING TO MY FAMILY AND HIDING THAT I'M ADDICTED TO VAPING.

1.

2.

3.

MY GO-TO PERSON