

# Smoking Cessation Products and Medications

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**Breakout session (two groups):**

**Group 1:** Those who have tried products/medications or are currently taking a product or medication

**Group 2:** Those who have not tried a product and would like to start

Answer the following questions regarding the different products and medications available.

**1** Have you tried any of these products? If so, which products did you try?

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**2** Did you experience any side effects after using a product? How did you feel?

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**3** What can you do differently when using this product?

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**4** Are you interested in trying another product? If so, which one?

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**5** How and when are you to use this product?

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**6** What are some of the expected side effects?

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**7** List any questions you have about the products/medications available and ask your pharmacist.

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