

YOU CAN MAKE IT HAPPEN IT'S TIME TO QUIT

TIPS

DRINK WATER with crushed ice if possible.

DEEP BREATHE take a deep breath, hold it for two seconds, then let it out.

DELAY THE URGE TO SMOKE put it off for a few minutes.

DO SOMETHING ELSE try to do a different activity.

KEEP A DIARY write down how much and where you smoke.

GET SUPPORT from friends, family and/or professionals.

CREATE GUIDELINES make your home and car smoke-free.

FACTS

- ❖ Smoking takes up a lot of your time. For people who smoke a pack a day – you will spend 4 hours a day smoking.* That is 60 days every year.
- ❖ For people who smoke a pack a day, they will spend over \$1,100** for contraband tobacco (clear bags) and \$4,160*** for premium brand cigarettes each year.
- ❖ Cigarette butts are the most common type of litter.
- ❖ Tobacco kills three times more people each year than alcohol, AIDS, illegal drugs, car accidents, suicide, and murder combined.
- ❖ Tobacco companies use sneaky advertising that leads people to smoke.
- ❖ Many people are ashamed to smoke, mostly around children or other people who do not smoke.
- ❖ Second-hand smoke is harmful: children who breathe in second-hand smoke have greater chance of dying of Sudden Infant Death Syndrome (SIDS) or having colds, ear infections, asthma, pneumonia, and bronchitis.

CHANGES AFTER QUITTING

20 MINUTES *your pulse & blood pressure return to normal.*

8 HOURS *carbon monoxide levels in your blood drop.*

24 HOURS *your chances of having a heart attack drops.*

72 HOURS *you can smell & taste things better & breathing becomes easier.*

2 WEEKS *your circulation improves; walking becomes easier.*

1 YEAR *you've cut your risk of heart disease in half.*

*based on 10 min/smoke; **based on \$20/week; ***based on \$80/week.

QUIT SMOKING PLAN

Your health care professional would like you to fill out this worksheet to help with your quit plan

UNDERSTAND WHY YOU SMOKE.	Why I smoke (benefits): <input type="radio"/> Social <input type="radio"/> Stress <input type="radio"/> Boredom <input type="radio"/> Other
LIST YOUR CONCERNS ABOUT QUITTING.	My concerns are: <input type="radio"/> Withdrawal <input type="radio"/> Dealing with triggers <input type="radio"/> Nerve <input type="radio"/> Fear of failing <input type="radio"/> Other
MAKE A COMMITMENT TO QUIT. Be positive. When things seem tough remind yourself often why you want to quit.	The most important reasons to quit are: <input type="radio"/> Health <input type="radio"/> Money <input type="radio"/> Stigma/shame <input type="radio"/> Relationships <input type="radio"/> Harming others with 2 nd hand smoke <input type="radio"/> Other
BREAK OTHER HABITS. Become aware of your triggers.	My triggers are: <input type="radio"/> Waking up <input type="radio"/> Coffee <input type="radio"/> People who are smoking <input type="radio"/> Certain activities (i.e. on phone) <input type="radio"/> Stress <input type="radio"/> Other
DO A TEST RUN. Start by taking small steps.	How I will deal with triggers: <input type="radio"/> Make home smoke-free <input type="radio"/> Avoid settings with smoking <input type="radio"/> Change my routines <input type="radio"/> Drink cold water as an alternative My goal for now is: _____
SET A QUIT DATE. Tell friends and family quitting is important to you and that you need their support and help.	My quit date is: _____ Who can help and support you? _____
CONSIDER MEDICATIONS. Quit smoking medications may help with your plan.	Talk to my physician about what is recommended.
CONTACT SMOKERS' HELPLINE.	1-208-686-1931 427 N 12 th Street, Plummer, ID 83851



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