

MY QUIT  
*Journey*





*Quitting tobacco is a journey.*

THIS PROGRAM IS DESIGNED TO SUPPORT YOU  
THROUGH YOUR JOURNEY WITHOUT JUDGMENT.  
USE THIS WORKBOOK AND TALK WITH A QUIT  
COACH TO HELP YOU QUIT TOBACCO FOR GOOD.

# WHAT HAPPENS TO

# *Your Body*

# WHEN YOU QUIT TOBACCO

I QUIT!

## 20 MINUTES

- Blood pressure decreases
- Pulse rate drops
- Body temperature of hands and feet increases

## 8 HOURS

- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal (if no lung disease)

## 24 HOURS

- Chance of a heart attack decreases

## 48 HOURS

- Nerve endings start regrowing
- Sense of smell and sense of taste improve

## 2-12 WEEKS

- Circulation improves
- Walking becomes easier
- Lung function improves

## 4-36 WEEKS

- Coughing, sinus congestion, tiredness, and shortness of breath decrease

## 1 YEAR

- Risk of coronary heart disease decreases to half that of smokers

## 5 YEARS

- From five to 15 years after quitting, stroke risk is the same as people who never smoked

## 10 YEARS

- Risk of cancer drops to half that of smokers
- Risk of ulcer decreases

## 15 YEARS

- Risk of coronary heart disease is the same as people who have never smoked
- Risk of death is the same as people who have never smoked

What will you gain?

  
MORE  
*energy*

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EXTRA  
*money*

IT'S NOT WHAT YOU GIVE UP.  
IT'S WHAT YOU GAIN.



*improved health*  
OF ENTIRE FAMILY

What will you gain?

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FOOD TASTES  
*better*

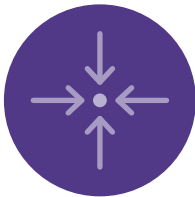
# GETTING STARTED: Commitment Quiz

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I'm ready to handle discomfort in order to quit using tobacco.	1	2	3	4	5
2	No matter what challenges come up, I won't let myself use tobacco once I quit.	1	2	3	4	5
3	Even if I'm feeling very anxious or restless, I will be successful with my quit attempt.	1	2	3	4	5
4	Even if I really want to use tobacco, I won't let myself.	1	2	3	4	5
5	I'm going to resist the urge to use tobacco, even when cravings may be strong.	1	2	3	4	5
6	If I'm feeling depressed or sad, I will continue to stay committed.	1	2	3	4	5
7	I'm not going to let anything get in the way of my quit attempt.	1	2	3	4	5
8	Feeling very angry or irritable won't prevent me from being successful.	1	2	3	4	5

TOTAL SCORE = \_\_\_\_\_

## CHECK YOUR SCORE

8–18



### *Focus on Commitment*

Successful quit attempts take commitment.  
Think of what your life would look like  
without tobacco.

19–29



### *Strengthen Commitment*

You are on the right track. Thinking  
about your reasons for quitting can help  
strengthen your decision to quit for good.

30–40



### *Committed to Quit*

Congratulations! Take action now and  
continue on your path to becoming  
tobacco free.

# My Reasons

## FOR QUITTING TOBACCO

Use this page to write, draw and/or paste pictures of your reasons to remind yourself why you want to quit.

A large, empty rectangular area defined by a dashed orange border, intended for the user to write or draw their reasons for quitting tobacco.



# Start Your P.L.A.N. to Quit



## PICK A QUIT DAY

My quit day is \_\_\_\_\_

I picked this day because \_\_\_\_\_

I want to quit because \_\_\_\_\_



## LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT

List the people you are going to tell that you are quitting tobacco. What kind of support do you need from your friends and family to successfully quit?

**My Support People**

**How I Want Him/Her to Support Me**

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## ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS

Make a plan for dealing with your triggers and withdrawal symptoms. Avoid **people, places or things** that trigger you to use tobacco. Have alternatives to tobacco handy. Adjust your schedule or routine.

My triggers and withdrawal symptoms		Can I avoid it?			How I will avoid it	
		Yes	Maybe	No		
EXAMPLE	Smoke breaks at work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	→	I will plan to stay inside for the first few weeks
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	



Remember to call a quit coach for support with your quit attempt.

Can I adjust my routine and/or use an activity?				How I will adjust		Will alternatives help?				How I will use alternatives
Yes	Maybe	No				Yes	Maybe	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	I'll start going for a walk on my break	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	→	I will keep a straw handy and chew on when needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→		→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→		→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→		→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→		→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	



## NICOTINE AND QUIT MEDICATIONS

Quit medications can double or triple your chances of quitting for good. Talk to a quit coach about the options that may work best for you, and to find out if you can get these products free of charge.

NAME	BRAND	ABOUT THIS MEDICATION	HOW IT WORKS
Nicotine Patch	Habitrol®, NicoDerm CQ®, Generic Available	<ul style="list-style-type: none"> <li>• Available over the counter or with prescription</li> <li>• Recommended use is 8–10 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Helps with cravings for 16–24 hours, depending on patch</li> </ul>
Nicotine Gum	Nicorette®, Generic Available	<ul style="list-style-type: none"> <li>• Over the counter medication</li> <li>• Available as 2 mg and 4 mg</li> <li>• Multiple flavors available</li> <li>• Recommended use for 3 months or as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Helps with cravings for up to 30 minutes per piece</li> </ul>
Nicotine Lozenge	Commit® Lozenge, Generic Available	<ul style="list-style-type: none"> <li>• Over the counter medication</li> <li>• Available as 2 mg and 4 mg</li> <li>• Recommended use for 3 months or as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Helps with cravings for up to 30 minutes per lozenge</li> </ul>
Nicotine Inhaler	Nicotrol® Inhaler	<ul style="list-style-type: none"> <li>• Prescription medication</li> <li>• Recommended use up to 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Helps with cravings and hand-to-mouth habit</li> </ul>
Nicotine Spray	Nicotrol® Nasal Spray	<ul style="list-style-type: none"> <li>• Prescription medication</li> <li>• Recommended use 3–6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Fast-acting</li> <li>• Helps with cravings</li> </ul>
Bupropion SR	Zyban®, Wellbutrin®	<ul style="list-style-type: none"> <li>• Prescription medication</li> <li>• Tablet</li> <li>• Recommended use 3–6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Lessens your desire to smoke</li> <li>• Helps symptoms of depression</li> </ul>
Varenicline	Chantix™	<ul style="list-style-type: none"> <li>• Prescription medication</li> <li>• Tablet</li> <li>• Recommended use 3–6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Lessens withdrawal symptoms</li> <li>• Blocks enjoyable effects of smoking</li> </ul>



## MANAGING STRESS THROUGHOUT YOUR QUIT JOURNEY

The number one reason people say they use tobacco is to manage stress. Every time you stop using tobacco, you likely will feel anxious and irritable, which feeds your craving for more nicotine. Once you use tobacco, these feelings go away, and you feel more relaxed and happy. This tricks you into believing that tobacco use gets rid of stress when, in reality, it increases your stress level.

There are many great ways to deal with stress other than using tobacco. Identify the ones that will work best for you, and make a plan to handle a "slip" if it happens.

## HOW TO REDUCE STRESS



### *Stay Positive*

A positive attitude can keep you in the right mindset to tackle stress. Focus on the benefits of quitting.



### *Let Go of Control*

There are so many things in life that are out of your control. Recognize when things are out of your control. Put energy toward the areas of your life where you can have an impact.



### *Relax*

Relaxing is a healthy way to keep stress at a minimum. Breathing, muscle and mind relaxation, exercise and yoga are all great activities for lowering stress.



### *Be Active*

When your body is fit, you are better able to handle stress. Any activity that gets you moving can clear your mind and help you deal with challenges.



### *Fuel Your Body*

Eating healthy meals and snacks gives you the energy you need to better handle stress. Fresh foods are always better options than packaged foods.

#### **What Stresses Me Out**

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#### **How I Will Handle My Stress**

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## HOW TO HANDLE "SLIPS"

After you quit, having one puff or dip increases the chances of wanting more in the future. If you do "slip," don't give up. A slip is a learning opportunity, not a failure.

What Caused Me to Slip	Time of Day	Where I Slipped	How I Will Handle This Next Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## GETTING BACK ON TRACK





It is important to find ways to reward yourself when you quit. Rewarding yourself helps you stay strong and committed to your goals. You deserve to pat yourself on the back for each day you have refused to use tobacco!

## MY REWARDS

List three ways you can reward yourself while you are quitting.

**Milestone**

Example: *One month tobacco free*

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**Reward**

*Go to dinner with friends/family*

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# My P.L.A.N. to Quit for Good

## PICK A QUIT DAY (PAGE 9)

My quit day is \_\_\_\_\_

## LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT (PAGE 9)

**My Support People**

**How I Want Him/Her to Support Me**

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## ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS (PAGES 10–11)

**My Triggers and Withdrawal Symptoms**

**How I Will Handle Them  
(Avoid, Adjust, Alternatives)**

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## NICOTINE AND QUIT MEDICATIONS (PAGE 12)

I plan to use \_\_\_\_\_ in my current quit attempt.

I will get the medication from my (circle one)    quit coach    doctor    pharmacy/store

## MY REWARDS FOR KEEPING MY COMMITMENT TO QUIT (PAGE 16)

**Milestone**

**Reward**

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Tear here 

P.L.A.N.

+

QUIT COACH  
SUPPORT

+

QUIT  
MEDICATIONS

=

*Success*



“

*The only impossible journey  
is the one you never begin.*

”

— *Anthony Robbins*