Expectancy Scale: Quitting

Expectancy Scale: Quitting

Instructions:

Please rate your feelings about the possibility of **quitting** smoking.

For each scale, circle the number that shows how you feel about quitting smoking **today**.

10	Extremely important
9	
8	
7	
6	
5	Somewhat important
4	
3	
2	
1	Not at all important

How important quitting is to me **today**

10	Definitely can do
9	
8	
7	
6	Maybe can do
5	
4	
3	
2	
1	Cannot do at all

How confident I am that **I Can** quit if I decide to

Change Plan Worksheet

The changes I want to make (or continue making) are:

The reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Tips to Help You Quit Smoking

1. Enlist support from family, friends, and co-workers.
   - Tell friends and family about your quit date. Let them know in what ways they can be helpful to you.
   - Do you have anyone who can be especially supportive to you? Enlist his or her support by sharing your quit goal and sharing your progress.
   - If anyone smokes in your house, ask them not to do it in front of you.
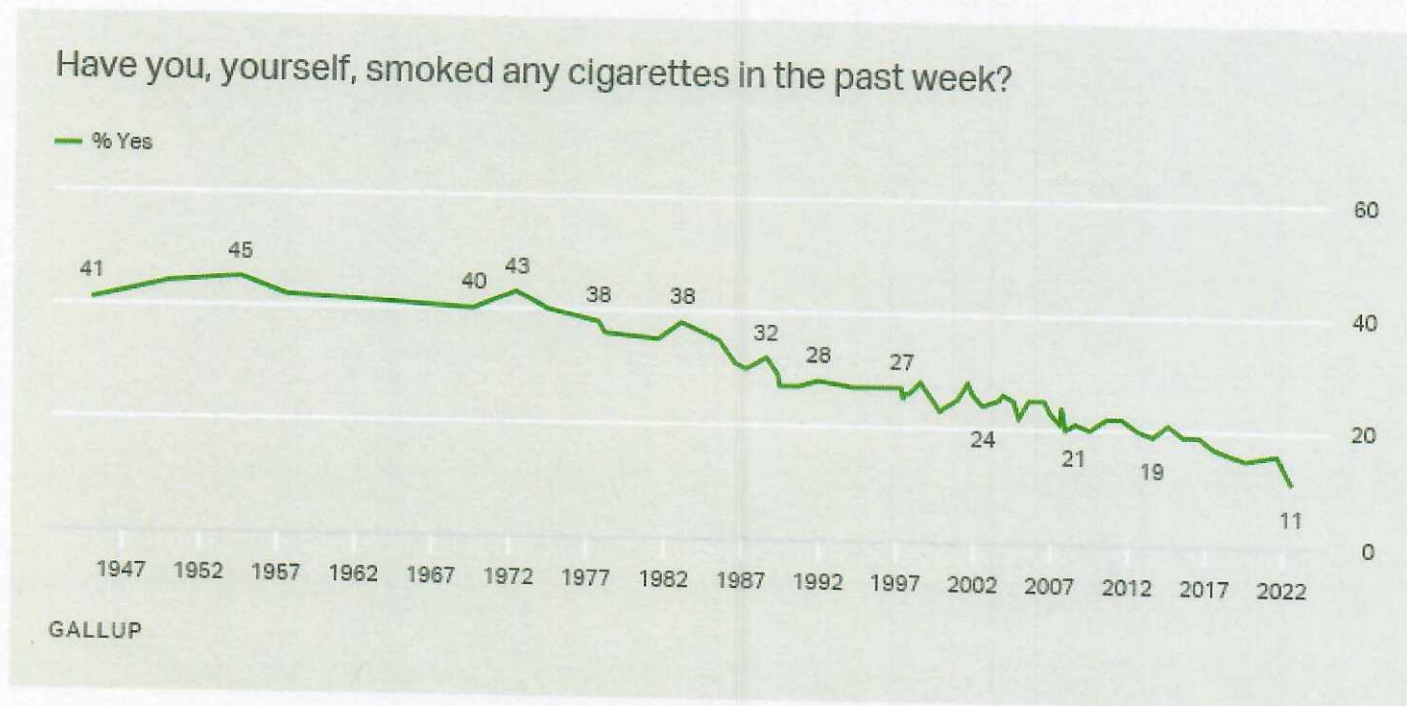
2. Research has shown that people often smoke to reduce stress. Finding other ways of relaxing and managing stress can be very helpful when quitting smoking. Ways to relax might include:
   - going for walks
   - watching a movie
   - talking with a friend
   - going out to dinner

3. You can use some of the money you save from quitting smoking to treat yourself to something enjoyable.

4. Relaxation techniques also have been shown to reduce stress and tension. Learn a new relaxation technique in order to help reduce your stress level and help you remain smoke-free.

   - The most simple relaxation technique is deep breathing.
   - To practice this you simply find a quiet, comfortable place to sit where you will not be disturbed. Close your eyes, relax your muscles as deeply as possible and just concentrate on taking slow, deep breaths. If you practice this for 10 minutes or so each day, you will find that you can get into a deep state of relaxation in a short period of time.
   - When you quit smoking, you may find that taking a few minutes to breathe deeply when you are feeling tense, anxious, or angry may be at least as relaxing as smoking a cigarette.

5. Prepare for quitting by getting rid of all tobacco products, cleaning out ashtrays, putting away matches and lighters.

Tobacco and Smoking

Have you, yourself, smoked any cigarettes in the past week?

— % Yes

41 45 40 43 38 38 32 28 27 24 21 19 11

1947 1952 1957 1962 1967 1972 1977 1982 1987 1992 1997 2002 2007 2012 2017 2022

60 40 20 0

GALLUP

Have you, yourself, smoked any cigarettes in the past week?

	Yes %	No %
2022 Jul 5-26	11	89
2021 Jul 6-21	16	84

GALLUP

Have you, yourself, smoked any e-cigarettes or "vaped" in the past week?

	Yes, have	No, have not	No opinion
	%	%	%
2022 Jul 5-26	8	92	-
2021 Jul 6-21	6	94	*
2019 Jul 1-12	8	92	*

* Less than 0.5%

GALLUP

Did you, yourself, ever smoke cigarettes on a regular basis?

Based on nonsmokers

	Yes	No	No opinion
	%	%	%
2021 Jul 6-21	28	72	*
2019 Jul 1-12	29	71	*
2018 Jul 1-11	30	70	--
2017 Jul 5-9	30	70	*

* Less than 0.5%

GALLUP

Smoking & Tobacco Use Fact Sheet

Tobacco-related Death

1. Tobacco is the leading cause of <u>preventable</u> death in the United States.

2. **1 in 5** persons will <u>die</u> from cigarette-related illnesses each year.

3. Approximately 38,000 people die from <u>second hand</u> smoke per year.

4. More people die from tobacco each year than from HIV infection, illegal drug use, car accidents, suicide, and murders **COMBINED**.

5. On average, adults who smoke die <u>14 years earlier</u> than nonsmokers

6. It is estimated that **25,000,000** Americans alive today will die early from smoking-related illnesses.

Deaths from Smoking-related Diseases

1. Leading diseases caused from smoking: Lung Cancer

    Heart disease

    Chronic airway obstructive disease

2. Lung Cancer: risk of dying is more than <u>23 times</u> higher in <u>men</u> who smoke and <u>13 times</u> higher in <u>women</u> who smoke.

3. Lung Cancer: Since 1950, **deaths** from lung cancer have **increased > 600%.**

4. Lung Cancer: Between **80% - 90%** of lung cancer deaths are related to smoking.

5. Heart Disease: <u>2 to 3 times higher</u> risk of heart-related death if a smoker.

6. Heart Disease: Smoking approximately <u>doubles</u> the persons risk of stroke.

7. Heart Disease: Smokers are <u>10 times</u> more likely to develop vascular disease (poor circulation) of the lower legs.

8. Chronic Obstructive Lung Disease: <u>10 times</u> higher risk of dying if a smoker. 90% of deaths from obstructive lung disease are due to smoking.

9. Pipe and cigarette smoking increases the risk of dying from cancers of the lung, esophagus, larynx, and oral cavity.

10. Smoking increases risk of infertility, preterm delivery, low birth weight, and sudden infant death syndrome.

Decisional Balance Worksheet

	Good Things (+)	Not-So-Good Things (−)
Smoking the Same	**1** 1. _____ 2. _____ 3. _____ 4. _____	**2** 1. _____ 2. _____ 3. _____ 4. _____
Making a Change in Your Smoking	**3** 1. _____ 2. _____ 3. _____ 4. _____	**4** 1. _____ 2. _____ 3. _____ 4. _____

Good Things

Not-so-good Things

Decision

Session 4 - Decisional Balance Worksheet

Session 5
Personal Strivings Worksheet

Future Goal	Effect of Smoking on Goal
What are some things you want to have happen for you in the near future (next several weeks to months?) For example: - Something you would like to accomplish? - Something you would like to get? - Something you value and would like to keep?	If you were to cut down or quit smoking/vaping, would it make it easier or harder to reach your goal?
Goal # 1:	☐ Easier to reach goal. ☐ No difference. ☐ Harder to reach goal.
Goal # 2:	☐ Easier to reach goal. ☐ No difference. ☐ Harder to reach goal.
Goal # 3:	☐ Easier to reach goal. ☐ No difference. ☐ Harder to reach goal.

Session 6
Self Evaluation Worksheet

Pillars of Health	Rating
• How well do you do in these areas of health? • What are the changes you made in these areas?	Rate yourself with 1,2,3, 4 or 5 stars regarding each pillar.
Pillar # 1: Exercise	* ** *** **** *****
Pillar # 2: Sleep	* ** *** **** *****
Pillar# 3: Nutrition	* ** *** **** *****
Pillar# 4: Stress Management	* ** *** **** *****

Where to go from here? - Goals for smoking/vaping

<u>Where I want to be in the next 30 days:</u>

Goal 1 _____

Goal 2 _____

Goal 3 _____

Possible examples of smoking related goals:

☐   Smoke/vape less: _____ times/day (instead of ____ times/day).

☐   Maintain lower amount of smoking : _____ (instead of _____) .

☐   Never smoke more than _____ a day.

☐   Stay away from smoking for _____ days in a row.

☐   Never smoke/vape under these conditions: _____

☐   Do not smoke/vape at all

<u>The reasons this goal is important to me:</u>

Goal 1 _____

Goal 1 _____

Goal 1 _____

Goal 2 _____

Goal 2 _____

Goal 2 _____

Goal 3 _____

Goal 3 _____

Goal 3 _____

Session 7
Next Steps Worksheet (Part 1)

The steps I plan to take are:

Goal 1 _____

Goal 1 _____

Goal 1 _____

Goal 2 _____

Goal 2 _____

Goal 2 _____

Goal 3 _____

Goal 3 _____

Goal 3 _____

Possible Examples:

☐ Continue to talk about these issues with my friend/family/therapist.

☐ Get more information about available treatment options.

☐ Explore Quit lines and online support

☐ Find a support person.

☐ Avoid certain risky situations (e.g., not hang out with _____).

☐ Get more involved socially with those who don't smoke/vape (e.g._____)

☐ Develop/ engage in more healthy pleasures (movies, walks, free community events...)

Session 8
Next Steps Worksheet (Part 2)

The ways other people can help me are:

1 _____

2 _____

3) _____

Possible Examples:

Friends/Family

☐   Avoid smoking/vaping in my presence.

☐   Be a support person whom I can call when I'm feeling cravings, etc.

☐   Help me talk about how things are going, how I'm feeling.

Doctor

☐   Talk with your primary care physician. Share information about our work together.

Therapist

☐   Help to identify triggers, high risk situations.

☐   Role play various skills (e.g., refusal skills)

☐   Help me find resources related to _____(e.g., vocational training, etc.)

Some things that might interfere with my plan are:

1 _____

2 _____

3) _____

Possible Examples:

☐   Transportation problems (getting to appointments).

☐   Living situation where others smoke/vape.

☐   Risky situations: cravings

                                    peer pressure (e.g., "meeting people on the streets")

                                    negative feelings (lonely, depressed, angry, etc.)

☐   Having too much time, being bored, letting my mind wander...

How I could handle these barriers:

1 _____

2 _____

3) _____

Possible Examples:

☐   Practice how to say "no" forcefully, like I mean it.

☐   Distract myself, look away, leave the scene.