# Are You Prepared to Quit?

## Why Quit?

<table>
<thead>
<tr>
<th>What I like about tobacco</th>
<th>What I don’t like about tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disadvantages of quitting</th>
<th>Advantages of quitting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Choice

“I won’t quit tobacco”

You don’t think there is any reason you need to change, even though family and friends might be encouraging you. You are Not Ready to make a change.

“I can’t quit tobacco”

You don’t believe you can make a change and be successful. You are Not Ready to make a change in the next six months because your confidence is low.

“I may quit tobacco”

You are considering making a change but not in the near future. You are Thinking About making a change in the next six months.

“I will quit tobacco”

You are ready to start in the near future. You are Getting Ready to make a change in the next month.
Activities:

Not Ready¹

Identify and Destroy Barriers²

1. Make a list of potential barriers.

2. Sort out and list what you have control over.

3. Make a list of strategies that you could use to overcome those barriers.
   a. Ask yourself these questions:

   Who will support me? (Examples: family; friends; coworkers; people from a religious institution you attend; people from other support groups, such as A.A. or Al-Anon; someone I know that quit tobacco successfully)

   What resources do I have available to me? (Example: tobacco cessation programs through work or via the internet; family doctor; tobacco replacement products; tobacco cessation community support groups, such as Nicotine Anonymous or an online support network)

<table>
<thead>
<tr>
<th>Barriers</th>
<th>What I can control</th>
<th>Strategies to overcome barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thinking about It\(^1\)

Remember, at this stage, the focus is on clarifying what it is you want rather than what you don’t want. Don’t put pressure on yourself to have to change any behaviors yet. You are exploring what makes you tick.

Give Credit Where Credit is Due\(^2\)

Think back to a time when you had a challenge in life that you were able to overcome. Write down all the details of what you did to overcome that challenge. Don’t be modest! Think about the support that was available; how you dealt with the feelings; what resources you used and any other factors that helped you succeed. It might be hard to imagine, but being successful in one area of your life provides life lessons you can use in other areas. Your success in the past can help you to build your confidence to make changes in other areas of your life. Some questions you can ask yourself are:

What specific actions did I do to succeed?

What thoughts did I have about the situation that helped me get through it?

Whom did I turn to for support?

Identify Your Values\(^2\)

Make an exhaustive list of everything you value in life.

Now, identify what positive impact quitting tobacco will have in each of these areas. (For instance, if you value your children you might see that quitting tobacco would be a good example to them or that you may be around for years and be able to see your grandchildren being born.)
Getting Ready

Map Out a Plan

1. Write a formal statement of what you plan to do, your goal. (e.g., “I will stop smoking cigarettes on (name date).”)

2. Write down all the possibilities of how you could tackle this goal.

3. Rate each item above on a scale of 1-10, according to how realistic it is, with 10 being the most realistic. If an item is at a seven or less then cross it off the list for now.

4. Look at your remaining list and think about how important these things are to your success. Pick out the ten most important ideas and circle or highlight them.

5. Look at your circled items and write down 4-5 things you can do this week to work towards these; be sure to be specific about what you will do, and put a date when you will start and when you will accomplish this activity. (e.g., if you feel like the first step is to look for resources on the web, your goal might be something like this, “I will search the internet from 7:00-7:30 p.m. for resources on Monday, Wednesday and Friday this week, and I will have a list of at least three sites that I can use by (name date).”)

6. Ask yourself if there are any barriers that you can foresee getting in your way. If there are, how you will deal with those issues?

7. Rate your confidence on your ability to follow your plan, on a scale of 1-10 with 10 being the highest. If your confidence is less than a 7, you may want to reassess your plan. Assess how realistic your steps are and identify if there are any barriers that you missed.
Resources

American Lung Association: www.lungusa.org
American Cancer Society: www.cancer.org
Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm
Nicotine Anonymous: http://www.nicotine-anonymous.org/
SmokeFree.gov: http://www.smokefree.gov/
TobaccoFree.org: http://www.tobaccofreeu.org/cessation/preparing_to_quit.asp
Your Magellan Program: www.MagellanHealth.com/member

References

