

BJACH Health Promotion Tobacco Cessation Program

Why Do You Use Tobacco?

This questionnaire will help you identify why you use tobacco and where your addiction is the highest. Addiction affects the body in three areas: Physically (stimulation, tension, cravings), psychologically (relaxation, tension, pleasure, and craving) and Behavioral (habit, handling). Knowing where your addiction is the strongest will help you select the tools and resources to deal with your withdrawal process.

Assign a number that best describes your answer to the following questions using this scale.

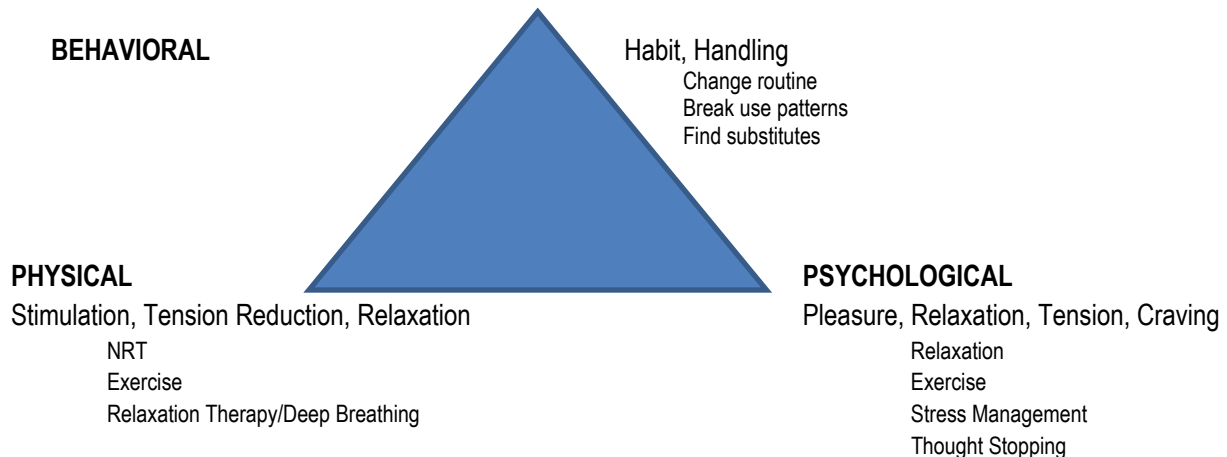
5=Always	4=Frequently	3=Occasionally	2=Seldom	1=Never
A.	I use tobacco to keep from slowing down			_____
B.	Handling a cigarette in my hand or dip in my mouth is part of the enjoyment			_____
C.	Smoking/dipping is pleasant and relaxing			_____
D.	I use tobacco when I am upset			_____
E.	When I run out of tobacco, I almost find it unbearable			_____
F.	I use tobacco/dip automatically, without even being aware of it.			_____
G.	I use tobacco to perk myself up			_____
H.	Part of the enjoyment of tobacco comes from the steps I take to light up or put dip in my mouth			_____
I.	I find cigarettes/dip pleasurable			_____
J.	When I feel uncomfortable about something I use tobacco			_____
K.	I am very much aware of the times when I am not using tobacco			_____
L.	I light up a cigarette without even knowing I have one lit already			_____
M.	I use tobacco to give me a "lift"			_____
N.	Part of the enjoyment of smoking is watching the smoke when I exhale			_____
O.	I want to use tobacco when I am comfortable and relaxed			_____
P.	When I feel "blue" or want to take my mind off of my cares, I use tobacco			_____
Q.	I get real cravings for tobacco when I haven't used it in a while			_____
R.	I found a cigarette/dip in my mouth and I couldn't remember putting it there			_____

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1. Enter the number you assigned for each question in the space provided: Plug the number for question A on line A and the number score for question B on line B and so on.
2. Add all three scores for each line. The sums of the scores for each line give you a score for each category: Stimulation, Handling, Pleasure, Relaxation/Tension Reducer, Craving and Habit.

_____	+	_____	+	_____	=	_____
A		G		M		Stimulation
_____	+	_____	+	_____	=	_____
B		H		N		Handling
_____	+	_____	+	_____	=	_____
C		I		O		Pleasure
_____	+	_____	+	_____	=	_____
D		J		P		Relaxation/Tension Reduction
_____	+	_____	+	_____	=	_____
E		K		Q		Craving
_____	+	_____	+	_____	=	_____
F		L		R		Habit

The Addiction Triangle allows you to see the areas in which you will experience the greatest problem in tobacco cessation. Are you rating high in all three angles? If so, NRT is highly recommended to support you during your cessation. Are you rating high in the behavioral and psychological areas? If so, the journal assignments, exercise plan, relaxation exercises and thought changing activities will be critical to successful cessation. A score of 7 or higher in any the above categories suggest a high rating for that area.



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Are You Ready to Give Up Tobacco?

- | | | |
|--|-----|----|
| 1. Do I want to give up Tobacco for myself? | YES | NO |
| 2. Is giving up tobacco a priority for me? | YES | NO |
| 3. Have I tried to give up tobacco before? | YES | NO |
| 4. Do I believe that tobacco is dangerous for my health? | YES | NO |
| 5. Am I committed to trying to give up tobacco even though it may be tough at first? | YES | NO |
| 6. Are my family and friends willing to help me give up tobacco? | YES | NO |
| 7. Besides health reasons, do I have other personal reasons for wanting to quit? | YES | NO |
| 8. Will I be patient with myself if I backslide? | YES | NO |

If you answered YES to 4 or more of these questions, you are ready to give up tobacco- GOOD LUCK!
If you answered YES to fewer than 4 questions, you may want to talk to the facilitator.

Are You Ready to Change?

Please check the box that best describes you

- I am using tobacco and have not thought about quitting
- I am using tobacco and have just started thinking about quitting
- I am using tobacco and am preparing to quit
- I quit using tobacco less than 3 weeks ago

Checked the 1st block: Pre-contemplation Stage: You don't really believe there is a need to change yet and are not acknowledging there is a problem. Seek resources regarding tobacco and nicotine dependence. Evaluate your thoughts. Is denial keeping you from obtaining the information you need to continue in the change process?

Checked the 2nd block: Contemplation Stage: You know you need to change but haven't sought out the information and resources. You may have tried to quit but relapsed and are contemplating another try. Seek resources and move forward.

Checked the 3rd block: Preparation/Determination: Getting ready to change. You may have tried to quit but relapsed and are contemplating another try. Use this program to keep your momentum going.

Checked the 4th block: Action/Willpower: (Changing behavior) You have sought resources and recognize that behavior and thought changes need to happen in order to change. Use this program to keep your momentum going. You are in the process and are making changes.

Maintenance Stage: maintaining the behavior changes and working towards a lifetime of tobacco freedom.

Relapse: Means returning to older behaviors and abandoning new changes. When you are ready to try again, seek resources and try again. This time with a new attitude and apply lessons learned to a new process.

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How Dependent Are You?

Circle your response. Write the points in the blank in front of each question: **A= 0 points B=1 point C=2 points**

1. How soon after you wake do you use your first tobacco product?

- A. After 30 minutes
- B. Within 30 minutes
- C. No points

5. Do you use tobacco more in the morning than you do all day?

- A. No
- B. Yes
- C. No points

2. Do you find it difficult to refrain from smoking in places not allowed such as the theater, doctor's office, and airport?

- A. No
- B. Yes
- C. No points

6. Do you use tobacco even when you are sick in bed or have mouth sores?

- A. No
- B. Yes
- C. No points

3. Which of all the tobacco you use all day is most satisfying

- A. Any other than first thing in the morning
- B. First thing in the morning
- C. No points

7. What is the tar/nicotine rating on your tobacco

- A. Low
- B. Medium
- C. High

4. How much tobacco do you use a day

- A. 1-15 cigarettes/day or 1-9 dips or chews/day
- B. 16-25 cigarettes/day or 10-15 dips or chews/day
- C. >25 cigarettes/day or >15 dips/day

8. How often do you inhale your cigarette (or swallow the tobacco juices)

- A. Never, or almost never
- B. Seldom/occasionally
- C. Always

A score of >4 points suggests you are dependent on nicotine. The higher you score, the more strongly addicted

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What's Slowing You Down?

In the past few years, which of the following have you experienced?

- Headaches
- Chest pain
- Trouble breathing, wheezing, shortness of breath, asthma
- Peptic ulcers
- Pain in calf of legs during exercise or sleep
- Sexual dysfunction
- Memory problems
- Sores in mouth, gum disease, tooth loss
- Voice deeper, gravely sounding
- Tingling in hands or feet
- Trouble falling asleep
- Tired all the time, no pep or enthusiasm
- Early menopause
- Bladder, breast, cervical or lung cancer
- Head or neck cancer
- Stroke
- Heart palpitations
- Diabetic complications
- High cholesterol
- Heart disease
- Poor response from medications

All of these symptoms are related to tobacco use. They are not signs of getting older. Quitting tobacco use now will enhance your ability to enjoy the rest of your life.

Begin thinking about your personal reasons for making this change from tobacco use to tobacco freedom. What will you gain? What might you lose? What benefits will you receive?

A behavior change is often hard to stay with long enough to become comfortable with the new pattern. Motivation and commitment can be fuel to power you through the rough spots.

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Challenges to Success

What kind of challenges will you face in trying to quit tobacco?	How will you meet that challenge?
At Home:	At Home:
At Work:	At Work:
Social Occasions:	Social Occasions:
When Stressed:	When Stressed: