

Prescription to QUIT SMOKING

1. Convince yourself that you will be better off as a non-smoker.

- Choose your reasons on the other side of this sheet.

2. Use these resources for help:

- Kentucky Quit Line 1-800-QUIT-NOW (800-784-8669)
 - Call for information or to get support. If you have Medicaid (Passport), you may get free nicotine replacement products.
- FHC Behavioral Health Resource Center 774-8631 x8370
 - Talk with a behavioral health consultant to get help making your plan to quit or coping with anxiety about quitting.
- Cooper-Clayton Stop Smoking classes 574-7867
 - You will use nicotine replacement products (patch, lozenge, or gum) and attend 13 weekly one-hour sessions with other smokers to get support while you become smoke-free.
- Nicotine Replacement Products (NRP)
 - Nicotine is a powerful addiction. NRP like the patch, gum, or lozenge will help you wean yourself from this drug. Buy these supplies at the FHC pharmacy or at drug stores. Follow instructions on the package.

NRP _____

Dosage _____

- Medication to curb cravings for cigarettes
 - Bupropion (ZYBAN) _____
 - Varenicline (CHANTIX) _____

3. Make your Quit Plan:

- Know your quit date _____
- Know where you will get support _____
- Know how to avoid your triggers and change your habits

- Commit to quit! Sign the contract on the back of this sheet.



Family Health Centers, Inc.

Contract to QUIT SMOKING

I commit to becoming a non-smoker. I want to quit because:

- I will have major immediate and long-term health benefits.
 - **20 minutes** after quitting my pulse rate and blood pressure will drop
 - **8 hours** after quitting the level of carbon monoxide in my blood will drop and the level of oxygen in my blood will increase to normal
 - **24 hours** after quitting my chance of a heart attack will decrease
 - **2 weeks to 3 months** after quitting my blood circulation will improve
 - **1 to 9 months** after quitting I will breathe easier, coughing and shortness of breath will decrease, and my lungs will work better
 - **1 year** after quitting my excess risk of coronary heart disease will be half that of a smoker's
 - **5 to 15 years** after quitting my stroke risk will be similar to a nonsmoker
 - **10 years** after quitting my risk of lung cancer will be similar to a nonsmoker's and my risk of cancer of the mouth, throat, esophagus, bladder, cervix, stomach, and pancreas will decrease
 - **15 years** after quitting my risk of coronary heart disease will be the same as a nonsmoker's
- I will look better and feel better.
 - I will no longer have premature wrinkling of the skin, bad breath, stained teeth, and bad-smelling clothes and hair
 - Food will taste better and my sense of smell will return to normal
 - Ordinary activities will no longer leave me out of breath
- I have better ways to spend my money.
- I want to protect my family and friends from second-hand smoke.
- I don't like the power cigarettes have over me.
- I will make a friend or family member proud.
- I will make myself proud.
- _____
- _____

SOURCE: American Cancer Society



For these reasons, I will do whatever is necessary to become a non-smoker. I will take control over my behavior. I will ask for help when I need it. I will quit cigarettes!

Smoker sign and date

Witness sign and date