

Smoking Cessation Handouts



Fact Sheet – Benefits of Quitting Smoking

Within 20 minutes of your last cigarette:
<ul style="list-style-type: none">• Blood pressure drops to normal• Pulse rate drops to normal• Body temperature of extremities increases to normal
After 8 hours:
<ul style="list-style-type: none">• Carbon monoxide level in blood drops to normal• Oxygen level in blood increases to normal
After 24 hours:
<ul style="list-style-type: none">• Chances of heart attack decrease
After 48 hours:
<ul style="list-style-type: none">• Nerve endings in nose and mouth start to re-grow• Ability to taste and smell improves
After 72 hours:
<ul style="list-style-type: none">• Bronchial tubes relax, making breathing easier• Lung capacity increases
2 weeks to 3 months:
<ul style="list-style-type: none">• Circulation improves• Walking becomes easier• Lung function increases up to 30%
1 to 9 months:
<ul style="list-style-type: none">• Coughing, sinus congestion, fatigue, shortness of breath decrease• Cilia re-grow in lungs, increasing ability to handle mucus, clean lungs, and reduce infection
5 years:
<ul style="list-style-type: none">• Lung cancer death rate for average smoker decreases from 137 per 100,000 people to 72 per 100,000 people
10 years:
<ul style="list-style-type: none">• Pre-cancerous cells are replaced with normal cells; risk of other cancers such as mouth, voice box, esophagus, bladder, kidney and pancreas decreases

Source: U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000

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Activity Sheet – Smoking Triggers and Cues

A. Physical settings or events in which I am likely to smoke:
1.
2.
3.
Alternatives to a cigarette:
1.
2.
3.
B. Emotional events in which I am likely to smoke:
1.
2.
3.
Alternatives to a cigarette:
1.
2.
3.
C. Behavioral settings in which I am likely to smoke:
1.
2.
3.
Alternatives to a cigarette:
1.
2.
3.

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Fact Sheet – Your Plan for Success

Step One: Prepare for Quit Day

- Restrict smoking access or locations
- Practice going without one cigarette
- Set a specific quit day and time
- Start buying cigarettes by the pack, rather than by the carton
- Identify and practice coping skills
- Enlist support
- Build and maintain your motivation
- Remove all cigarettes, lighters, matches and ashtrays the night before Quit Day
- Put together a “survival kit” of gum, hard candies, rubber bands, bottled water, carrot sticks, etc. for Quit Day

Step Two: Quit Day Arrives

- Plan out the entire day
- Practice coping skills
- Identify and maintain your reward system
- Use your survival kit supplies
- Have your teeth cleaned
- Air out your home, car, office
- Utilize your support network
- Go to bed early, if necessary!

Step Three: Maintaining Your Motivation

- Keep track of your nonsmoking days on a calendar
- Start a walking program
- Purchase a reward with your newfound savings
- Refer to the *Fact Sheet – Benefits of Quitting Smoking* handout
- Never allow smoking to be an option

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Activity Sheet – People and Places Support

A. People who will support my decision to quit smoking:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. Places where I will be comfortable as a nonsmoker:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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Activity Sheet – Financial Impact of Smoking

Calculate my weekly cost of smoking:

Multiply packs per week _____ by cost per pack \$ _____

MY TOTAL SMOKING COST PER WEEK = \$ _____

Calculate my annual cost of smoking:

Multiply my weekly cost (above) by 52 weeks per year

MY TOTAL SMOKING COST PER YEAR = \$ _____

Alternative ways I could use this money:

●

●

●

●

●

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Telephone Seminar Evaluation

Please complete this form and fax it to 1.952.996.2702, or email it to eshcomments@cigna.com

Your company: _____

Seminar date: _____ Company city, state: _____

Presenter: _____ Title of seminar: _____

Please state your agreement/disagreement with the following statement using this scale.

4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
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1. SEMINAR CONTENT:

- | | | | | |
|--|---|---|---|---|
| a. The information I received was helpful. | 4 | 3 | 2 | 1 |
| b. The seminar met the stated objectives. | 4 | 3 | 2 | 1 |

2. SPEAKER EVALUATION:

- | | | | | |
|---|---|---|---|---|
| a. The speaker presented the information clearly. | 4 | 3 | 2 | 1 |
| b. The speaker responded well to participants. | 4 | 3 | 2 | 1 |
| c. The speaker was knowledgeable on the subject. | 4 | 3 | 2 | 1 |

3. Overall I was satisfied with the seminar presentation. 4 3 2 1

4. What part(s) of the seminar did you like best, and why?

5. What part(s) of the seminar did you like least, and why?