

## Resources to Help

### Smoker's Helpline: 1-877-513-5333

- Run by the Canadian Cancer Society
- Telephone support
- Many reading materials
- [www.cancer.ca](http://www.cancer.ca)



### Websites:

[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) is Health Canada's website to help you assess how ready you are to quit smoking and give you ways to get motivated and develop a plan.



[www.quitnet.com](http://www.quitnet.com) offers support for smokers trying to quit and stay smoke-free.

[www.quit4life.com](http://www.quit4life.com) is a Health Canada website that offers a 4-step quit plan as well as quizzes, and worksheets.

[www.on.lung.ca](http://www.on.lung.ca) is the Lung Association's site for lots of tips and reading material.

# Leave the Pack Behind



## Help for Quitting Smoking



## Workbook

## This workbook is for you

Use this workbook to help you with your decision to quit smoking. Take some time to work through the book, think about your plan and set some goals. You can talk to any member of the health care team while you are in the hospital and refer to the resources on the back page after you leave.

### Some questions to think about



- Did you know that smoking can lead to health problems?  
 Yes    No
- Have you had a cigarette in the past 3 weeks?  
 Yes    No
- Have you tried to quit smoking in the past?  
 Yes    No
- Are you interested in talking to a member of the health care team about smoking?  
 Yes    No

## How to START

- S**pend time with good friends. **S**et quit date.
- T**ell family, friends and coworkers that you plan to quit. Ask for their support and encouragement.
- A**void smoking in places that you like to spend time.
- R**emove tobacco products and ashtrays from your home, backyard, and car.
- T**ry to avoid going to places where people smoke.

You may also want to ask a friend to be your 'Buddy'.

Your Buddy can:

- listen
- help you meet your goals
- reward you with positive comments
- walk with you to keep you healthy
- support you in any way you ask

## My Support People

Fill in this chart with your support people. These may include your doctor, pharmacist, friend or support buddy.



Support Person	Contact Information	Advice or Action	Follow-up

## Some things to think about

Take a some time to think about smoking and how you feel. Fill in the blanks when you are ready.



**My feelings around smoking are:**

**My desires around smoking are:**

**I feel a need to smoke when:**

**Write a list of things that you enjoy.** Use these to help you stick to your plan and change your life. For example, if you enjoy ice cream, have a cone each week you stay smoke free. Treat yourself to a movie once a month as another reward.



