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About the Program

You've Got The Power was developed using some of the leading health education and behavior change theories. The program was designed to help you change the behaviors associated with smoking. You will learn important techniques to manage stress, anger, frustration, and anxiety. You will learn how positive thinking can increase your chance for success, learn how to set and achieve goals, and learn how to control weight gain because of quitting.

The latest research shows that when a smoker tries to quit, he/she must focus on behavior change as well as on the physical addiction. You've Got The Power is a behavioral change program that can be used in conjunction with many nicotine replacement products and prescription drugs such as nicotine gum and Zyban.

Using nicotine replacement and other products by themselves has not yielded great success. The success rate for the nicotine patch is approximately 25% (California Thoracic Society, 2004). Nicotine gum can produce rates as high as 23% ("A review of smoking cessation interventions," 2005), while Zyban has seen a 30% success rate (The Foundation For a Smoke-free America, n.d.). When combining behavioral change methods with smoking cessation products, success rates have reached as high as 40%. Behavior change is the key to long term abstinence.

Using This Program with Other Smoking Cessation Products

The Nicotine Patch: DO NOT SMOKE AND USE THE PATCH AT THE SAME TIME. If you're going to use the patch with this program follow the reduction process as far as you can, and then begin using the patch on your quit date (Follow the product's instructions as prescribed). By reducing first, you will be less physically addicted and you may be able to start at a lower strength patch. This will also give you a chance to work through most of the program and learn how to get

About the Program

through a nicotine craving that will inevitably occur once you take the patch off.

<u>Nicotine Gum:</u> Nicotine gum is available over the counter in 2-and 4 mg strengths. The gum is ideal for this program because it can be used to replace a cigarette if you're struggling with the reduction schedule. Even though you will still be putting nicotine into your system, you will be breaking the association between your trigger and smoking a cigarette. Just be careful not to condition yourself to need the gum.

Zyban (Wellbutrin, Buproprion): Zyban is a prescription drug that can help reduce nicotine withdrawal symptoms. Zyban can help you through the reduction process, as it reduces the desire for nicotine in some smokers. As with the patch, however, it is important that you work the program for a significant amount of time so you can learn how to beat a nicotine craving. There's a difference between getting through a craving and having something take the craving away. Eventually, you will go off Zyban and the cravings may return.

<u>Filters:</u> Cigarette filters that reduce the amount of nicotine drawn from a cigarette could assist you reduce your nicotine intake. Remember that if you're following the smoker's schedule you will be reducing enough to quit by the end of the program. If you do both you will surely increase your chances of stopping on quit day. Don't set yourself up for failure, and be sure you focus on the behavioral aspect of the program too.

To the Future Non-smoker

This program was developed by a Prevention Specialist with a Master's Degree in Public Health. He smoked for twenty-three years. Like you, he became tired of the harmful effects of tobacco, the cost of cigarettes, and the negative social stigma that was closing in around smokers. Although there were a lot of products out there to help smokers quit, they were expensive and did not give him the control that he felt a self-help program would.

This program can work if you follow it completely. Some of the methods may seem corny or too simple, but they can work! This program will require you to be honest, to take a good look at your addiction, and to take control of your quitting process. Remember, you are doing this for you, and this program gives you some opportunity to personalize it based on your needs. Typically, people know what they need to do when they have to solve a problem in their life, and this program will help you to solve your problem with smoking.

Quitting smoking will need to be a top priority in your life. You will need to focus on the program and quitting smoking every minute of every day. You will need to make sacrifices during the quitting process, and accept that there may be times when you feel uncomfortable because of withdrawal. All of this will be temporary, though, as you transcend into a smoke free life.

Good luck. Keep a positive attitude and be diligent. You are about to begin a battle with a serious addiction; you may experience successes as well as setbacks. Be patient with yourself, but don't make excuses. There is a lot to gain from this program even if you don't quit this time around. Your efforts will make you a better person.

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This program was designed to help you quit smoking in eight weeks. It is important to follow the program to the best of your ability. There may be times, however, in which you may need to make changes based on your needs. The schedule below will act as a guide to steer you through the quitting process. Put an X next to the section you have completed to help keep track. You can do this! Good Luck.

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Before You Begin

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Picking a Starting Date

Before you pick your date to start the program it is important to familiarize yourself with the reduction process (p 7-9), the smoking schedules (p 11-14), and the conditioning process outlined in Week One. For the most part, users of this program have progressed through Weeks 1-4 rather easily. The program does become more difficult at the end, however, and quitting smoking will need to be a priority in your life.

A Few Facts to Consider

Smokers Experience Three Classic Signs of Addiction

- 1. They become dependent.
- 2. They want to quit but cannot.
- 3. They become tolerant to nicotine.

Nicotine Compared to Cocaine

- Nicotine activates certain neurons in part of the brain called the mesolimbic system.
- Cocaine also activates certain neurons in the mesolimbic system.
- When the mesolimbic system is stimulated, the neurons secrete a chemical called dopamine.
- Dopamine is the chemical that produces feelings of pleasure and reward.
- When substances, like cocaine and nicotine, are used over a long period of time, the brain needs the substance to continue receiving pleasure.

Source: Nicotine Addiction (1998). U.S. Department of Health and Human Services-National Institute on Drug Abuse. (National Institute on Drug Abuse publication number 01-4242).

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The Reduction Process

The reduction process is going to help you to recondition yourself from smoking and to gradually reduce your nicotine intake (Farkas, 1999, Hughes et al, 1999, CDHS, n.d, Riley et al. 2001). The instructions for the reduction process are based on those who smoke 10, 20, 30 or 40 cigarettes a day. If you smoke other than one of those, you can adjust the process to meet your needs—as long as you cut the number of cigarettes you smoke in half by the time you are half way through with your program. If you smoke more than 30 cigarettes a day, consult a physician before you start this process.

One of the ways you will recondition yourself from smoking is by waiting a specific amount of time before you smoke a cigarette after you eat, and after you wake up. Don't worry though, this will be done gradually and you may be amazed as to how well it works. The second way this will be done is by using the strategies you develop in weeks one and four.

This is the process you will follow throughout the program. You must stick to it!

The smoker's schedules (p 13-16) will direct you on the amount of cigarettes you will reduce and the minutes you will wait after you wake up and or eat anything. If you cheat with this process, you will only make it more difficult for yourself when you stop smoking completely.

The Conditioning Process

The conditioning process is one in which we learn to respond to situations and things unconsciously. For instance, you may eat a hot dog and instantly grab a soda. That's because all your life you drank soda with a hot dog. But is that true for everyone else? No, because other people may have had milk all their life with a hot dog, and they will instantly grab a glass of milk.

Most of our behavior is influenced by conditioning. It is learned behavior. We all respond to situations and stimuli based on how we conditioned ourselves (e.g. how we always have in the past). It's the same with smoking. We have conditioned ourselves to smoke at different times (When), in certain places (Where), when we were doing specific things (What), based on how we were feeling (How). Also known as the WWWHs.

Source: Classical conditioning. Retrieved October 16, 2005 from Wikipedia, the free encyclopedia's web site: http://en.wikipedia.org/wiki/

Classical_conditioning.

How have you conditioned yourself?

Before You Begin

Rules Of The Reduction Process

The Triggers and Time Cards were designed to fit in the back of your cigarette pack or in your wallet. You will start a new card each day once you start the program. The smoking schedules on pages 13-16 will instruct you on how many cigarettes you will smoke each day, and how many minutes you will wait to smoke after you wake up and eat or drink anything. This is one of the strategies built into the program, as well as the support system you will build. You will also use the Triggers and Time Cards to keep track of your WWWHs and your actual desire for the cigarette. As you go through the weeks, be sure to look out for new WWWHs and create new symbols. Below is an example of how the Triggers and Time Card will be filled out.

Triggers and Time Card					
Week: 4	, 6		N	Iinutes	: 10
Hour	W	D	Hour	W	D
1 8:10	AX	3	11		
2 9:30	AC	5	12		
3 10:15	S	7	13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19	\rangle	
10			20		

Keep in the Back of Your Cigarette Pack or in Your Wallet.

- 1. Write the Week, Day and your Minutes at the top of the card.
- Cross out the number of cigarettes you can't have. If you smoke more than 20 cigarettes a day, write in the amount you can smoke on the back of your Triggers and Time card.
- 3. Each time you smoke, enter the time you had the cigarette in the Hour column.
- 4. In the column headed W, write in the symbol that represents your WWWH.
- 5. In the column headed D, write the actual desire you had for that cigarette. This is based on a 1-10 scale.
 One being "I don't really desire it," and ten being "I have to have it."

Before You Begin

Key Terms

Addiction: Persistent compulsive use of a substance known by the user to be harmful (Mish, 2002).

<u>Nicotine</u>: A poisonous alkaloid that is the chief active principal found in tobacco and is used as an insecticide (Mish, 2002).

<u>Conditioning:</u> To modify so that an act or response previously associated with one stimulus becomes associated with another (Mish, 2002).

Strategy: A careful plan or method (Mish, 2002).

Priority: Something given or meriting attention before competing alternatives.

<u>Problem Focused Coping:</u> Dealing with a problem that is causing distress. In this reaction people view the problem as something they can change — solving the problem (as cited in Glanz, Lewis, & Rimer, 1997).

<u>Emotion Focused Coping:</u> Regulating emotional responses to a problem that is causing distress. In this reaction people view a problem as one they can not change — changing how they view or react to the problem (as cited in Glanz, Lewis, & Rimer, 1997).

<u>Self-efficacy:</u> The confidence a person has in his/her ability to perform a behavior (Doyle, E. & Ward, S. 2001).

Light Smoker: A person who smokes 5 or fewer cigarettes a day (Meyer, 2002).

Moderate Smoker: A person who smokes 6-20 cigarettes a day (Meyer, 2002).

Heavy Smoker: A person who smokes 21 or more cigarettes a day (Meyer, 2002).

10 a Day

Day 1-3105 minutesDay 4-71010 minutesWeek TwoCigarettes to SmokeWaiting TimeDay 1-3810 minutesDay 4-7815 minutes	
Week Two Cigarettes to Smoke Waiting Time Day 1-3 8 10 minutes Day 4-7 8 15 minutes	
Day 1-3 8 10 minutes Day 4-7 8 15 minutes	
Day 4-7 8 15 minutes	
Week Three Cigarettes to Smoke Waiting Time	
Day 1-3 6 15 minutes	
Day 4-7 6 15 minutes	
Week Four Cigarettes to Smoke Waiting Time	
Day 1-3 5 20 minutes	
Day 4-7 5 20 minutes	
Week Five Cigarettes to Smoke Waiting Time	
Day 1-3 4 25 minutes	
Day 4-7 4 30 minutes	
Week Six Cigarettes to Smoke Waiting Time	
Day 1-3 3 35 minutes	
Day 4-7 3 35 minutes	
Week Seven Cigarettes to Smoke Waiting Time	
Day 1-3 2 40 minutes	
Day 4-7 2 40 minutes	
Week Eight Cigarettes to Smoke Waiting Time	
Day 1-6 1 45 minutes	
Day 7 0	

20 a Day

Week One	Cigarettes to Smoke	Waiting Time
Day 1-3	18	5 minutes
Day 4-7	16	10 minutes
Week Two	Cigarettes to Smoke	Waiting Time
Day 1-3	15	10 minutes
Day 4-7	13	15 minutes
Week Three	Cigarettes to Smoke	Waiting Time
Day 1-3	12	15 minutes
Day 4-7	11	15 minutes
Week Four	Cigarettes to Smoke	Waiting Time
Day 1-3	11	20 minutes
Day 4-7	10	20 minutes
Week Five	Cigarettes to Smoke	Waiting Time
Day 1-3	8	25 minutes
Day 4-7	6	30 minutes
Week Six	Cigarettes to Smoke	Waiting Time
Day 1-3	5	35 minutes
Day 4-7	4	35 minutes
Week Seven	Cigarettes to Smoke	Waiting Time
Day 1-3	3	40 minutes
Day 4-7	2	40 minutes
Week Eight	Cigarettes to Smoke	Waiting Time
Day 1-6	1	45 minutes
Day 7	0	

30 a Day

Week One	Cigarettes to Smoke	Waiting Time
Day 1-3	27	5 minutes
Day 4-7	24	10 minutes
Week Two	Cigarettes to Smoke	Waiting Time
Day 1-3	21	10 minutes
Day 4-7	18	15 minutes
Week Three	Cigarettes to Smoke	Waiting Time
Day 1-3	15	15 minutes
Day 4-7	13	15 minutes
Week Four	Cigarettes to Smoke	Waiting Time
Day 1-3	11	20 minutes
Day 4-7	10	20 minutes
Week Five	Cigarettes to Smoke	Waiting Time
Day 1-3	8	25 minutes
Day 4-7	6	30 minutes
Week Six	Cigarettes to Smoke	Waiting Time
Day 1-3	5	35 minutes
Day 4-7	4	35 minutes
Week Seven	Cigarettes to Smoke	Waiting Time
Day 1-3	3	40 minutes
Day 4-7	3	40 minutes
Week Eight	Cigarettes to Smoke	Waiting Time
Day 14	2	45 minutes
Day 5-6	1	45 minutes
Day 7	0	

40 a Day

Cigarettes to Smoke	Waiting Time
36	5 minutes
32	10 minutes
Cigarettes to Smoke	Waiting Time
28	10 minutes
24	15 minutes
Cigarettes to Smoke	Waiting Time
21	15 minutes
17	15 minutes
Cigarettes to Smoke	Waiting Time
13	20 minutes
10	20 minutes
Cigarettes to Smoke	Waiting Time
8	25 minutes
6	30 minutes
Cigarettes to Smoke	Waiting Time
5	35 minutes
4	35 minutes
Cigarettes to Smoke	Waiting Time
3	40 minutes
3	40 minutes
Cigarettes to Smoke	Waiting Time
2	45 minutes
1	45 minutes
	36 32 Cigarettes to Smoke 28 24 Cigarettes to Smoke 21 17 Cigarettes to Smoke 13 10 Cigarettes to Smoke 8 6 Cigarettes to Smoke 5 4 Cigarettes to Smoke 3 3 Cigarettes to Smoke 2

•••••	Before You Begin	•••••
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WEBKONE

• • • • • • • • • • • • • • • • • • • •	Week One	***************************************

More on the Conditioning Process

Classical Conditioning

Classical conditioning deals with unconscious reactions. People learn to associate one stimulus with another after experiencing the situation time after time. For example, think about the music that is played in horror movies right before something scary happens. When you hear that music, you may automatically become tense, nervous, and your heart may beat a little faster. Why?, because you have experienced this every time you watched a scary movie. This is called a conditioned stimulus (CS). You have learned to associate specific music with being scared, which is called a conditioned response (CR). The type of music and being scared have nothing to do with each other — until you conditioned them to.

Think about stress and smoking, or another one of your smoking triggers. Does everyone smoke after a stressful situation? No, because stress and smoking really have no natural connection. Smokers have taught themselves to deal with stress (CS) by smoking (CR). After smoking time and time again because of stress, the mind automatically makes the connection.

Is there hope?

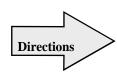
Anything that can be conditioned can be unconditioned. It is learned behavior. The process of unconditioning is called extinction. Extinction occurs when you are repeatedly exposed to the conditioned stimulus without the conditioned response. This week you will begin to develop strategies to help you not smoke because of your conditioned stimuli (WWWHs). It is important that you use these strategies to avoid smoking at that time. Even if it is just for thirty minutes.

Source: McIntyre, T (2005). The history of behaviorism. Retrieved October 9, 2005 from http://maxweber.hunter.cuny.edu/pub/eres/EDSPC715 MCINTYRE/BehavioristHistory.html. Last updated on 2/10/05

Week One

Triggers and Times

The purpose of Triggers and Times is to help you identify the Where, When, What and How (WWWHs) of your smoking habit. You will need to come up with a symbol for each WWWH so you can record them as you reduce your smoking. These are the conditioned stimuli you will need to extinguish by changing your response to them.



Review the WWWHs in Table 3 below. Add your own or delete the WWWHs listed on Table 3 to create a list that you think best reflects your smoking patterns. Be sure to include a WWWH on your Triggers and Times Card each time you smoke a cigarette.

Table 3 Triggers and Times

WWWH	Symbol	WWWH	Symbol
Wake-up	W	Before Bed	ВВ
Morning	M	Boredom	В
After Coffee	AC	Nerves	N
After Eating	AE	Fear	F
After Drinking	AD	Frustration	FR
After Alcohol	AA	Anger	AN
Driving	D	After Work	
Stress	S		AW
Anxiety	AX	Physical Desire	PD
Excited	E	Mental Desire	MD
Work	WK		

We	eek One	
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Strategies

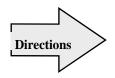
A strategy is a plan to help you meet your goal. Coming up with specific strategies to combat your WWWHs will dramatically increase your success. Some strategies were built right into the program, but you're going to need more than those. By the end of Week One begin to develop strategies to combat your WWWHs. Do not underestimate this part of the program. It is extremely important. Replacing a trigger to smoke with something else will help you to recondition your smoking habits. Below is an example of how you will fill out your Strategy Box on page 22.

Strategy Box

WWWHs	STRATEGY
Coffee	Cut down on coffee intake. Only have 1/2 cup in the morning.
Anxiety	Take a long shower, listen to music, breath deep for thirty seconds, call support person.
Frustration	Write in journal. Talk it out with somebody.
Fear	Pray. Facing your fears builds faith and strength.
Anger	Call a friend who is happy a lot. Take a bike ride.

 Week One	

Strategies



By the end of Week One, begin to develop strategies to combat your WWWHs. Use Journal Entry Page # 1 (p 23) to brainstorm your strategies.

Strategy Box

	Ov
WWWHs	STRATEGY

• • • • • • • • • • • • • • • • • • • •	Week One	••••••

Journal Entry Page # 1

Free writing is a process in which you write down whatever comes to mind without worrying about grammar, if it makes any sense, or if it is correct. It is also referred to as brainstorming. Usually a good idea can come out of it. Think about your WWWHs and brainstorm to find strategies to combat them.

For Example

smoking in my car is one of my biggest triggers. Maybe I could clean it or take the lighter and ashtray out or get car perfume and spray it when I get in. maybe that will make me not want to make it smell. Or maybe in could have my favcorite cd ready and play it loud focus on the songs. Or maybe I can call someone on my cell phone

 Week Two	

Nicotine

Did You Know?

- Nicotine is an addictive drug found in tobacco.
- Nicotine is as addictive as heroin or cocaine.
- When tobacco is smoked, nicotine reaches our brain in eight seconds.
- Nicotine acts on our brain just like other addictive drugs would.

(National Institute on Drug Abuse [NIDA], n.d.)

Do You Know How?

- Our brain is made up of millions of nerve cells. These nerve cells communicate with each other by releasing chemicals called neurotransmitters.
- When these neurotransmitters are released, they fit into another part of our brain and communicate a message.
- The nicotine molecule imitates one of these neurotransmitters and activates an area of our brain that releases a chemical called dopamine.
- Dopamine is the chemical that produces feelings of pleasure and reward.
- When we smoke, nicotine increases the level of dopamine our brain releases Just like other drugs would!
- When dopamine is released unnaturally (as it is when we smoke) over a long period of time, we begin to experience false pleasure.
- This pleasure is not real, or fully satisfying, but our brain gets used to it. The longer we smoke, the more we want it.
- This is why we find it so difficult to stop smoking.

(Nicotine Junkies, n.d.)

***************************************	Week Two	•••••

The Tobacco Companies

Did You Know?

• The tobacco industry has come up with at least seven ways to increase the amount of nicotine cigarettes put into our bodies.

(Attorney Reveals Tobacco's Seven Deadly Secrets, 1999)

Do You know Why?

- They know about the dopamine thing. Their scientists discovered that the faster nicotine reaches the brain, the more addicted the smoker will become.
- They want us to be more addicted, so it's harder for us to quit.
- They can legally profit from our addiction Big Bucks.

(Lewan, T, 1998)

Do You Know How?

- They use tobaccos that are high in nicotine, or parts of the tobacco leaf that is highest in nicotine.
- They add ammonia compounds to the tobacco because the ammonia increases the amount of nicotine we inhale when we smoke.
- They genetically engineer tobacco plants to increase the nicotine content.
- They have developed a chemical that has the same dependency-causing effect as nicotine. They substituted the chemical for the nicotine and then told us they lowered the nicotine levels in their cigarettes so it wouldn't be as harmful and addictive.

(Attorney Reveals Tobacco's Seven Deadly Secrets, 1999)

Do You Know How Much Money They Spend on Us?

• The marketing and promotional budget for the tobacco companies in 1993 was 6 billion dollars (Smoking, 1998).

 Week Two	•••••

Tobacco Timeline

Did You Know In...?

- 1828: German students, Ludwig Reimann and Wilhelm Heinrich Posselt, were credited with
 first isolating nicotine in pure form; the active ingredient being the alkaloid C10h14N2. They
 wrote exhaustive dissertations on the pharmacology of nicotine, concluding it was a "dangerous
 poison."
- 1830s: The first organized anti-tobacco movement began in the U.S.
- 1836: Samuel Greene of the New England Almanac and Farmers Friend wrote that tobacco was an insecticide, a poison, a filthy habit, and can kill a man.
- 1855: The Annual Report of the New York Anti-Tobacco Society of 1855 called tobacco a
 "fashionable poison," warned against addiction, and claimed that half of all deaths of smokers
 between 35 and 50 were caused by smoking.
- 1889: Landmark studies were published on the effects of nicotine on the ganglia (a section of the brain); the researchers hypothesized that there were receptors and transmitters in the brain that responded to stimulation by specific chemicals (i.e., the dopamine effect).
- 1890: Tobacco appeared in the U.S. Pharmacopoeia, an official government listing of drugs.
- 1912: Dr. Isaac Adler was the first to strongly suggest that lung cancer was related to smoking.
- 1928: A German scientist proposed that lung cancer among non-smoking women could be caused by their husbands' smoke.
- 1929: The first formal statistical evidence of a lung cancer-tobacco link was published based on a case series showing that lung cancer sufferers were likely to be smokers.
- 1940: The Journal of the American Medical Association (JAMA) published an article linking smoking with a higher risk of coronary disease.
- 1942: A British researcher successfully substituted nicotine injections for smoking. Aspects of nicotine addiction, including tolerance, craving, and withdrawal symptoms were discussed.

• • • • • • • • • • • • • • • • • • • •	Week Two	••••••

Tobacco Timeline

- 1950: The first major study definitively linking smoking to lung cancer was published in JAMA.
- 1957: Leroy E. Burney was the first Surgeon General to declare a link between smoking and lung cancer.
- 1957: In the American Journal of Obstetrics and Gynecology, Dr. Winea J. Simpson asked what effects smoking might have on the unborn child. The incidence of premature births and all the complications that go along with prematurity were twice as great for smoking mothers as it was for nonsmoking mothers. Simpson's paper confirmed that children of smokers were not only born early, but also weighed less and were more likely to be stillborn or die within one month of birth.
- 1969: Congress enacted the Public Health Cigarette Smoking Act of 1969, which amended the 1965 Federal Cigarette Labeling and Advertising Act to require the following warning: "The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health."
- 1978: A tobacco trade journal reports that "cigarette purchases are 2.5 times as great when an in-store display is present compared to when no advertising or display treatment is employed", and that cigarette sales drop when parents shop with their children.
- 1982: Surgeon General C. Everette Koop's report finds the possibility that second-hand smoke may cause lung cancer.
- 1985: Lung cancer surpassed breast cancer as #1 killer of women.
- 1986: Mr. Potato Head Quit Smoking. Surgeon General C. Everett Koop asked Hasbro to stop including a pipe as a Mr. Potato Head accessory. Mr. Potato Head became the official

 Week Two	
WICEN I WU	

Tobacco Timeline

- "spokespud" for the American Lung Society and the Great American Smoke-out.
- 1993: Seventy percent of adults who smoked wanted to quit completely. Smoking prevalence among U.S. adults (18 years of age and older) was estimated to be 25%, compared with 26.3% for 1992.
- 1993: Environmental Protection Agency (EPA) released a 510 page report, "Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Diseases," declaring cigarette smoke a Class-A carcinogen.
- 1994: Scientists from Canada reported finding evidence of cigarette smoke in fetal hair, the first biochemical proof that the offspring of non-smoking mothers can be affected by second hand cigarette smoke.
- 1995: The Food and Drug Administration (FDA) declared nicotine a drug.
- 2002: The Center for Disease Control (CDC) estimated the health and productivity costs of smoking will reach \$150 billion a year. The CDC estimated the total cost of smoking at \$3,391 a year for every smoker, and even itemized the per-pack health/productivity costs at \$7.18/pack. Further, it estimated the smoking-related medical costs at \$3.45 per pack, and job productivity lost because of premature death from smoking at \$3.73 per pack.

Borio, G. (2001) Tobacco Timeline (Chap 6-8). Retrieved November 11, 2004 from http://www.tobacco.org/resources/history/Tobacco_History21.html

***************************************	Week Two	•••••

What Smoking Costs Us

Did You Know?

- 400,000 people die each year in the U.S. because of smoking.
- That comes out to 45 people who die each hour as a result of smoking.
- A male who smokes is 22 times more likely to die from lung cancer than a male who doesn't smoke.
- A female who smokes is 12 times more likely to die from lung cancer than a female who doesn't smoke.
- Smokers between the ages of 35-70 have death rates three times higher than those who never smoked.
- The average smoker will loose 10-12 years of his/her life due to smoking.
- It's not just the amount of years you will loose, it's the horrible way you may die because of smoking.

Source: MuCullough-Hyde Memorial Hospital, (n.d.). Health wise. Is the damage from smoking reversible? Retrieved November 25, 2005 from http://www.mhmhealthwise.com.

How About Money?

- Every year in the U.S. tobacco use costs over \$75 billion in health care costs (Senator Feinstein, 2004).
- In 1997, Philip Morris, RJ Reynolds, and British American Tobacco (BAT) had combined revenue of more than \$65 billion.

• • • • • • • • • • • • • • • • • • • •	Week Two	•••••

What does smoking cost you?



Use Table 1 to calculate how much money you spend each year on cigarettes. Remind yourself of the things you could buy instead.

How much do you spend each day on cigarettes?	Multiply box A by 7 A x 7=B (per week)	Multiply box B by 52 B x 52=C (per year)	Total amount spent each year D=C
A	В	С	D

Instead I Can Buy

 Week Two	
WCCK I WO	

What Do You Think?



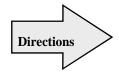
Read and answer the questions below. When you are finished, move on to the cost/benefit analysis on page 33.

- 1. How do you feel about the tobacco companies spending millions of dollars to make cigarettes more addictive? Why?
- 2. Do you believe that you are an addict when it comes to nicotine? Why or Why Not?
- 3. Write down some of your accomplishments, and/or things you have done in the past that took hard work and commitment. Why were you able to accomplish them?
- 4. Are you aware that you are in for a difficult fight against your addiction to nicotine? Will it be worth it? Why?

Week Two	***************************************
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Cost/Benefit Analysis

A cost/benefit analysis is one in which you compare the costs incurred by carrying out a task to the benefits received by carrying out the same task. You may feel you already know, or are even beyond assessing the costs/benefits of quitting smoking, but is important that you consider this activity. First, this is very important for someone who is trying to quit because if there were no benefits, there would be no reason to quit. Second, as you progress through the program the costs may seem to become greater than the benefits (because you will be smoking less), and you may have to remind yourself of the reasons why you wanted to quit. These reasons will always be there.



For the rest of Week Two think about all the costs of quitting smoking and the benefits to quitting. List your pros and cons in Table 2.

Table 2

The costs of quitting	The benefits of quitting
Withdrawal symptoms	Less likely to die an early death from cancer

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Assunta, M. (1999). Tobacco and Poverty. Retrieved November 26, 2005 from http://www.islamset.com/healnews/smoking/INGCAT/Mary_Assunta.html

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Week Three

Stress

Stress is a part of most peoples' lives. Too much stress can result in negative health consequences such as high blood pressure and atherosclerosis, sleep deprivation, chronic migraine headaches and

fatigue. Stress can also be a contributing factor to acne, hives, and other skin disorders.

Stress can also be positive. Stress can help you meet deadlines, study all night for an exam, or get a

lot done in a short amount of time. Positive stress is called eustress.

Stress is a common trigger for most smokers, and all types of stress can trigger a craving. For the

purpose of this program, you need to learn to control stress as a trigger to smoke. You may not be

able to alleviate all the stress in your life, but you will need to learn to not smoke because of it.

Types of Stress

Acute stress comes on quickly but is usually not long-lasting and usually does not have the same

repercussions as chronic stress.

Episodic acute stress (frequent acute stress) is apparent in individuals who are always in a hurry,

always late for appointments, and always overtaking other cars on the road. They take on too many

responsibilities, and their interpersonal relationships can suffer. They may be ceaseless worriers and

be prone to having aggressive personalities.

<u>Chronic Stress</u> is the serious form of stress. Stressors, real or imagined, are experienced almost

every day, perhaps for years, and the overexposure to stress hormones wreaks havoc on the body

and mind.

Source: The different types of stress. Retrieved December 3, 2005 from the American Psychological

Association's website: http://www.apahelpcenter.org/articles/article.php?id=21

You've Got the Power

38

Week Three

Fight of Flight Response

The fight or flight response, or the stress response, is a reaction that is hard wired into our brains. This response is what helps us recognize when a threat or danger is present. This can be anything that threatens our well being. Even something like being late to work. When this response is triggered, chemicals are released from the brain and a number of physiological reactions occur. Unfortunately, we sometimes perceive harm when it is not really there, and we trigger the fight or flight response when there was no need to. Notice the similarities with the reaction to the fight or flight response and to smoking a cigarette.

When the Fight or Flight Response is Triggered:

- The mouth becomes dry.
- The pupils become large.
- The lungs can take in more air.
- Blood rushes from the stomach to other muscles in the body.
- The body is able to perform at its very best its maximum capacity.

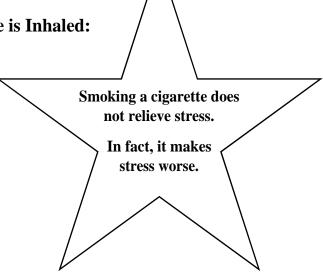
- A hormone called adrenaline is released.
- The heart beats faster.
- The breathing rate increases.
- Blood pressure rises.
- Stored sugar in the liver is released.



- A hormone called adrenaline is released.
- Blood Pressure rises.
- The heart beats faster.
- Stored sugar in the liver is released.

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West There
Week Three
A Strategy for Stress
The ability for people to cope with a stressful situation depends on how they appraise the stressor
(WWWH) and the psychological, social, and cultural resources at their disposal.
The stressor is appraised in two ways:
1. Primary Appraisal: A person evaluates the potential threat or harm of the stressor.
2. Secondary Appraisal: A person evaluates his or her ability to alter the situation and to manage
negative emotional reactions (smoking).
The primary and secondary appraisals are mediated by coping strategies:
• Problem focused coping: In problem focused coping a person appraises the stressful situation a
one that can be changed, solving the problem.
• Emotion focused coping: In emotion focused coping people view the stressful situation or
problem as one they can not change. Emotion focused coping requires a person to change how
they view, or react to the problem or stressor (i.e. doing something other than smoking).
As cited in Glanz, K. et al. (1997). Health behavior and health education: Theory, research, and practice (2^{nd} ed.). San Francisco: Josey Bass.
Being Prepared
One of the best and most important things about using a self help program is that you know your-
self better than anyone else, and you're more capable than anyone of changing your own behaviors
Think about your daily life and what causes you the most stress. List these stressors below.
1
2
3

Week Three

The Stress 3-Step

The stress 3-step is a strategy you can use to get through a stressful situation without smoking. Imagine yourself in one of the situations you listed on page 52. Practice the Stress 3-Step.

Step One: Stop

• Take three deep breaths. On each breath count to five when you inhale, and count to eight when you exhale.

Step Two: Think

Be aware of your feelings. Are you nervous, angry, overwhelmed? Why is the situation affecting
you that way? What's really happening in the situation — problem focused or emotion focused
coping?

Step 3. Re-evaluate

 Put the situation into perspective. Is it worth giving up all your hard work? Does smoking relieve stress?

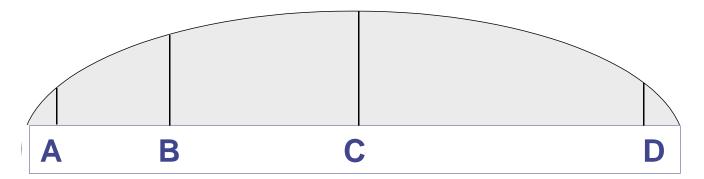
Other Strategies for not Smoking Because of Stress

Remember, you're trying to avoid smoking because of stress.

- Evaluate your Triggers and Time Cards. Is your desire to smoke impulsive or out of nervousness? Let your fight or flight response play through. The fight or flight response is a built in mechanism that we all have. You don't need to smoke because of it.
- Take a deep breath and hold it in as long as possible.
- Give yourself positive reinforcement. Tell yourself you don't need to smoke because of the stressful situation. The feeling will pass quickly and you'll be happy you didn't smoke.

The Craving Wave

As you already know, a nicotine craving can come on strong and fast. In fact, it can be quite overwhelming. The diagram below represents the onset of a craving. The craving begins at point A and is not necessarily that strong. As it moves to point B the person begins to become uncomfortable (WWWH). This is where the addict in them wants the 'fix' because they want to change the uncomfortable feeling. Point C is where the craving is the worst and the person gives in and lights up. If the person could refrain, they will ride the wave down to point D and the craving will be over. Keep in mind this usually happens in a matter of minutes, and it will most likely happen to you after you quit. What will keep you from relapsing is whether or not you can ride the wave from point B to Point D. Below is a simple strategy to help you ride the wave.



The five minute rule

When a craving comes over you, look at the nearest clock or your watch and tell yourself you will wait five minutes before you smoke. Continue what you were doing. Do not sit and watch the clock. Most of the time the craving will cease before the time is up. If the craving is too strong, try the stress 3-step and the five minute rule together.

^{*}Source: Bergman, A., Deletis, R., & Santoro, J. (2001). Kill the craving, how to control the impulse to use drugs and alcohol. New Harborland, Oakland, CA.

WEEKROUR

***************************************	Week Four	***************************************

Keeping it Real

Reducing the amount you smoke is a great way to prepare yourself to quit. For some, however, the reduction process becomes too difficult and they find they can not reduce after a certain point. For one smoker that may be ten cigarettes a day and for others it could be five. If you get to that point in the program you should think about your options. Because nicotine addiction attacks three different aspects, the physical (cravings), the psychological (the habit), and the emotional (smoking as a release), it is important to work on all three. The reduction process in this program focuses on the physical, but if you can not complete the reduction process you should consider nicotine replacement. The patch is a good alternative to manage your cravings. If you decide to go on the patch you should pick a quit date (two weeks is recommended), continue to smoke what you've already reduced to, and finish the rest of the program. It is in your best interest to try and reduce further and to teach yourself to resist cravings. Do not smoke and use the patch at the same time. If you've reduced a significant amount, you should use the lowest strength patch that is offered. The rest of the program will teach you to cope with the physical and emotional aspects of your addiction. Do not underestimate these aspects.

One of the most important aspects of this quitting process is your ability to manage your triggers and times (WWWHs). For the most part, people who return to smoking after they quit did so because they let their guard down and gave in to their WWWHs. Take the time to complete the Figuring it Out activity on pages 45-46. Most smoker's feel they already know what their WWWHs are, but they will change as you go through the program. The more you write them down, the better understanding you may have of them, and the more likely it will be to control them.

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Figure it Out

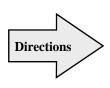
The purpose of Figuring it Out is to re-evaluate your WWWHs and strategies. Now that you have begun decreasing the amount you smoke you may have noticed that there are triggers you weren't aware of. In the journal entries below, write in your most common WWWHs for each day of the week. Look at your actual desire for the cigarettes. Are some times of the day harder than others? What are your most difficult triggers to manage? As you continue to reduce you'll need to eliminate the cigarettes that you desire the least. You should also begin to use your strategies to control the WWWHs that are easiest for you. It is important to stay on top of these triggers and times, they will change as you move through the program. Use these results to reevaluate your strategies on page 46.

Journal Entries

Day 1:		 	
Day 2:			
Day 3:			
Day 4:			
Day 5:			
Day 6:			
Day 7:			

 Week Four	
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Figure it Out



Re-evaluate your WWWHs and strategies. The importance of strategies can not be stressed enough. It may become more difficult from this point on, and you're really going to have to begin to recondition yourself from smoking because of your WWWHs.

Table 5

WWWHs	STRATEGY



Week Five

Support Systems

An important part of your smoking cessation program is the support system you will build. Social support has been associated with positive health outcomes such as lower blood pressure and stress levels, as well as greater success recovering from chronic illness.

Having a support system can help you quit smoking. This is a strategy. Those who have a support system are more likely to quit than those who don't. This support system can be made up of anyone you feel you have a quality relationship with. It can be parents, grandparents, siblings, coworkers, or friends. As long as you think they will give you the support you need to do this.

Types of Support

Informational Support — An example of informational support would be getting good advice from your physician about quitting smoking.

Emotional Support — An example of emotional support is talking to a friend about a bad day you had, or about your desire to quit smoking.

Tangible Support — An example of tangible support would be getting a loan from someone such as your boss, friend, or family member so you can take a relaxing vacation the first week you quit smoking.

Belonging Support — An example of belonging support is to have a group of friends you can hang out with (belong to), whether you smoke or not.

Source: Uchino, Uno, D., & Holt-Lunstad, J., (1999). Social support, physiological processes, and health. Current Directions in Psychological Science (8) 5, 145-148.

Week Five

What Works?

Spouse/Significant Other — Support from a spouse/significant other has been shown to significantly increase a smoker's chance of quitting.

Buddy Support — Support from someone else who is quitting smoking has been shown to increase a smoker's chance to quit.

On-Line and/or Phone Support — Quit smoking support lines have shown increases in quitting.

Friends and Family — There has been evidence, just not overwhelming evidence, that support from friends and family will increase a smoker's chance of quitting. Support from friends and family has been shown to reduce triggers such as stress.

Source: Straub, R., O. (2003). Social support increases positive outcomes, Health Psychology, Stress and Health. Retrieved November 21, 2005 from http://www.enmu.edu/services/wellness/social/Social%20Support.htm

Who Asks?

Most people don't ask for help when they need it. This may be because there is a misperception about needing help. Some people may feel they will appear weak or incompetent. People may worry too much about the other person's response or opinion. This misperception is the farthest from the truth. It takes an intelligent, confident, strong person to ask for help. If you have doubts or are nervous about asking for help, think of the three SSS of support.

The Three SSS of Support

Smart — It takes a smart person to know when he/she needs help, and to know who to ask.

Strong — It takes a courageous person to ask for help, as he/she may be rejected.

Secure — It takes a confident, secure person to know that he/she can't do everything alone.

•••••	Week Five	•••••
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Who Should I Ask?

Use the exercise below to help you decide who you should ask to support you during the quitting process.



Directions: Fill in the blank spaces in box A (Good Support Person) and box B (Bad Support Person) using the list of characteristics below, or your own. You're looking for a person who can give you what you need — support with quitting smoking. Remember, it's better to not have a support person than it is to have a bad one.

Nags a lot **Patient Family Member Understanding Good Listener** Never smoked Critical **Overcame Major Obstacles** Happy, Perky **Not too Busy** Smoker **Depressed** Ex-Smoker **Long-term Friend Negative Arrogant** Reliable **Judgmental Controlling Huge Ego** Giving

Box A	Good Support Person	Box B	Bad Support Person
· · · · · · · · · · · · · · · · · · ·			

•••••	Support Systems Proposal	
	Support Systems I Toposai	

To Those Who Care...

Your Na	ame
↓ ▼	
This letter is to inform you that	has begun the process to quit smoking.
He/She is asking for your help. If you decide to	help, you will need to provide the support
necessary to get him/her through nicotine cravi	ngs. In doing this, you will be asked to provide the
times and place in which he/she can contact you	for support. You are not the only person who was
asked, as he/she will not solely rely on you. He/s	She will only call upon your help during the times
you feel are appropriate. He/She will need your	support for approximately 8-10 weeks.

When the smoker calls, he/she will be looking for you to help him/her get through a nicotine craving. There is more than one method to do this.

<u>Try not to preach:</u> Lecturing the person or making him/her feel guilty may trigger him/her to smoke even more. Be supportive, encourage him/her that he/she can get through the cravings – ONE CRAVING AT A TIME.

<u>Talk about something else:</u> A craving for a cigarette may only last two minutes. Try to get the smoker's mind off of it. Once the craving passes, remind the smoker that it will be worth it, eventually the cravings will go away.

<u>Be compassionate:</u> Try to let the smoker know that you understand how hard it is to quit smoking. Remind him/her that there are people supporting him/her, and of the benefits he/she will receive when he/she quits.

Support Systems Proposal	
Talk about addiction: Remind the smoker that the addiction process is tricky. It having a cigarette is the right thing to do at the time, but it is just the 'addiction him/her that the tobacco companies are manipulating the tobacco to make cigar addictive. Once the addiction is licked he/she will realize these things and be emcontrol over it.	talking.' Remind
needs your support to kick this horrible habit. Your Name	
The hours that he/she will have the hardest time not smoking are between:	
His/her worst triggers to smoke are:	
The benefits he/she expects to receive by quitting smoking are:	

Support Systems	s Contract	•••••
Contra	net	
This contract states that I will support you during you smoking is a difficult habit to kick, and I will do ever of your triggers and the hours that are difficult for you triggers and times and help you get through them. I and how you can contact me on the availability card.	ything I can to help you succeed. I a ou. I will do my best to understand t have written down the hours that yo	m aware hese
Availability	[,] Card	
I would like to help you quit smoking. I've written d phone numbers where I can be reached. Please call v smoking. (Please return the availability card to the sr	when you need to, I want to help you	
Name: Hours: Phone Numbers:		
Support I	Person's Signature	-
Smoker's	Signature	-

WERKSIX

Positive Thinking

Don't underestimate the power of positive thinking. Studies have shown that positive thinkers have more T cells, which direct and amplify immune responses and are believed to be important for fighting viral infection and certain types of cancer, than negative thinkers (Schwartz, n.d.). A study that evaluated 500 incoming freshman at a university found that a test of optimism was a better predictor of first year grades than SAT scores and high school grades — those who were more optimistic had higher grades.

Our thoughts greatly influence our emotions and personal problems. Our thoughts can also affect whether or not we quit smoking. You must convince yourself that you can quit smoking and that following the program can increase your chances of quitting. Studies have shown that patients given a placebo drug by doctors, which had no medicine at all, showed reductions in pain and/or felt better. This is solely because they thought the drug was real and it would work (Neergaard, 2005).

Changing Behavior

It is important that you view this process as one in which you are changing behavior, not just quitting smoking. Changing behaviors is difficult, and most people don't succeed their first time around. In fact, it may take half a dozen times before a person succeeds at changing a behavior. It is important that you make a commitment to yourself and others who are close to you, keep your mind focused, set goals and priorities, develop strategies for dealing with problems, and be honest with yourself. When you wake up each day do your best to follow the program, be optimistic and challenge yourself.

Week Six

The way to success

One of the reasons this program uses the reduction process is to increase the smoker's self-efficacy by setting small goals (i.e. going from 20 cigarettes a day to 18 a day). It is important that you set goals for behavior as well. For example, learning how to drive without having a cigarette. Even if you choose two days a week (to start) without smoking while you drive.

Learn from yesterday's mistakes — don't look at them as failures. Look for a good role-model, someone who has quit smoking. Realize that if he/she did it, so can you. Get support — if you haven't already — someone who can provide constructive coaching, not insults to your character.

Positive Affirmations and Self Talk

A good way to utilize positive affirmations is to write them down and put them in areas where you'll see them throughout the day. Repeat them to yourself over and over. Some phrases can be, "I can quit smoking, I will quit smoking." "Quitting may be hard, but I will feel much better about myself after I quit." "For today, I will focus on quitting smoking." It's is typical when fighting an addiction for some people to start thinking negatively. What are some of the ways you can turn your negative thoughts in to positive ones?

Pessimist	Optimist
1. I can't do this, it's too hard.	1. I can do this. I've done things that were much harder.
2. How am I going to deal with the cravings.	2. If I stick to the program, my triggers will become much easier to manage.
3. If I quit, I'm going to gain too much weight.	3. I could learn about nutrition and make simple changes to keep the weight off.

Thinking About Your Quit Date

You have come to a point in the program where you should begin to think about a quit date. You have the option of reducing down to one cigarette a day, but for some people it's better to quit earlier. In this section you will set a goal that you will reach over the next two weeks. This can help increase your self-efficacy and keep you thinking positively. If you haven't been following the program, this is a good opportunity to get on track. If you're worried about weight gain, this is an opportunity to start watching what you eat. Whatever your goal is, reaching it will increase your confidence. Just be sure it's related to quitting smoking, relapse prevention, or your health.



Read Steps to Setting a Goal below. Use the sample on page 57 to help you write your goal for the next two weeks.

Steps To Setting A Goal

- 1. Write your goal down and eet a specific time frame in which you will reach the goal.
- 2. Make sure the goal is reasonable to reach. (Don't set yourself up for failure.)
- 3. Your goal must include personality changes.

 What qualities do you need to possess in order to achieve your goal? (e.g. knowledge, determination, behavior change).
- 4. Decide what resources you will need in order to achieve your goal (people, places, things, etc.).
- 5 Think about the possible barriers that may get in the way of reaching your goal, and how you can overcome them.
- 6. What are the benefits you will receive by reaching your goal? What rewards will you give yourself?

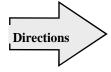
Source: Zevan, D. (1996). Self-esteem. Comprehensive health for the middle grades. Santa Cruz: ETR Associates.

•••••	Week Six	•••••
	week Six	

Example of Goal Setting

Over the next two weeks, I will follow the smoking schedule exactly as it is prescribed for four days each week.

- In order to do this, I will need my Triggers and Time Cards, support, and my other strategies.
- Barriers for me will be strong triggers/cravings, a defeatist attitude, and lack of commitment.
- To overcome these barriers I will pick the four days in advance for each week. I will fill out the
 Triggers and Time Card the night before. I will think positively and tell myself, "I can quit
 smoking, I will quit smoking." I will always stop to think before I smoke and employ my
 strategy for the trigger I am experiencing.
- At the end of each week I will buy myself something small or go to dinner to reward myself.



Use the space below to work on your two-week goal. Remember to challenge yourself, but keep it feasible too. Set goals for changing behaviors, not just quitting smoking. Learn from your past experiences, and get support.

 Week Six	

References

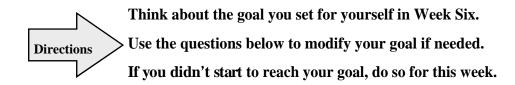
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WEEK SEVEN

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Week Seven	

Reviewing Your Goal

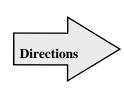


- 1. Is the goal you set in Week Six reasonable to reach?
- 2. What are the barriers you have experienced so far?
- 3. If you're having trouble reaching your goal, what can you do different this week to be sure you reach it?

Week Seven	••••••

Revisiting Why You Want To Quit

Look back at Week Two and re-visit your benefits of quitting smoking. If you have been following the smoking schedule, you've already significantly reduced the amount of cigarettes you smoke. How does it feel? It is important to revisit your reasons for quitting at this point in the program because you may feel the costs to quitting are now greater — because it's getting so close — and the benefits to quitting are now lower — because you're smoking so much less. You need to remember that if you don't quit smoking, all of the reasons you cited in Week Two will return.



Write the reasons why you want to quit smoking below. Begin each sentence with: I want to quit smoking because....

Remember the power of positive thinking and being optimistic.

1.	I want to quit smoking because
2.	
4.	
5.	
7.	
8.	

Nutrition & Weight Gain

Many smoker's who attempt to quit smoking are concerned about weight gain. Although gaining weight should not stand in the way of quitting, (because you can loose the weight later) there are methods you can use to stay at your normal weight. The information in this section is there to help you do this. It is not considered a weight loss program, but it will hopefully help you make healthy choices.

Nutrition: The act or process of nourishing or being nourished.

<u>Macronutrients</u>: Carbohydrates, proteins, and fats. A large amount of macronutrients are needed for proper nutrition. Macronutrients are what your body's cells burn for energy. Foods that contain Macronutrients also contain vitamins and minerals.

<u>Micronutrients</u>: Vitamins and minerals. A lesser amount is needed for proper nutrition when compared to macronutrients. Vitamins and minerals do not provide energy. They are necessary in the process that makes energy, but they are not the substance the body burns.

<u>Calorie</u>: The unit of measure for energy. How many calories a person needs to eat in a day is determined by the energy needs of every cell in the body.

<u>Carbohydrates</u>: Carbohydrates are essential. Foods that have carbohydrates are usually high in vitamins, minerals, and fiber. Carbohydrates are the body's favorite source for energy. It is true that the body breaks down carbohydrates into a form of sugar called glucose, but this is the only source of energy used to build certain cells.

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Nutrition & Weight Gain

Carbohydrates are either simple or complex. Simple carbohydrates are various forms of sugar, such as glucose and fructose. Simple carbohydrates are the quickest source of energy, but it doesn't last very long. A candy bar or other simple sugar is okay for a short period of time, but if you're really trying to maintain your blood sugar, complex carbohydrates are much more effective than simple sugars. Carbohydrates also contain fiber, are low in fat, and high in nutrient density. In other words, there are a lot of nutrients found in these foods relative to the number of calories.

Simple	e Carbohydrates	Comple	ex Carbohydrates
Candy bar	Maple syrup	Potato	Pita bread
Apple pie	Orange juice	Cucumber	Peas
Soda	Cookies	Rice	Cereal
Apple	Peach	Pasta	Pretzels

Many of the essential vitamins and minerals that are hard to get in other foods are plentiful in complex carbohydrates.

How much carbohydrate do we need? Fifty five to sixty percent of our calories should come from carbohydrates. Of that percentage, 50% should be complex carbohydrates and 10% should be simple carbohydrates. If you don't have enough carbohydrates or fats for energy, your body will begin to burn protein.

<u>Protein</u>: Proteins are the building blocks of the body, a part of every cell. The body's muscles, organs and chemical regulators of are made up of protein. Proteins are responsible for the growth of new tissue and the repair of existing tissue.

Nutrition & Weight Gain

Proteins are made up of individual units called amino acids. There are 20 different ones that the body needs to make proteins for body functions. Nine of them are called essential — the body will not make them, so we have to get them in our diet or we will not be able to make protein.

How much protein do you need: Eight-tenths of a gram of protein per kilogram of body weight, per day. A kilogram is 2.2 lb. To calculate daily protein requirements, divide body weight in pounds by 2.2 to get weight in kilograms and multiply that by 0.8.

120 lb Woman 54.5 kg (130/2.2 = 54.5) 0.8 gm x 54.5 kg = 43.6 gm protein 190 lb Man 86.4 kg (180/2.2 = 86.4) 0.8 gm x 86.4 kg = 69 gm protein

Good sources of protein include nuts and seeds, dairy products, eggs, tofu, tuna fish, beans, whole grain bread, and vegetables like cucumber, spinach, broccoli, lettuce, squash, cabbage, corn, beets, turnip, and pumpkin. Meat and poultry are good sources of protein but could contain more fat than desired. Buying lean meat and removing the skin from turkey and chicken will reduce a lot of fat.

<u>Fat</u>: Fats are essential. Fat is the most complex macronutrient in terms of implications for diet. Fat has several roles to play in our body and our diet. Fat is the slowest source of energy but the most energy-efficient form of food. Stored fat cushions all of our body's organs — heart, liver, kidneys, etc. Fat helps us absorb some vitamins that can only be carried in fat — A, D, E, and K. Fats are also necessary for healthy skin.

You've Got the Power

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Nutrition & Weight Gain

One common misconception is that a fat is either all saturated or all unsaturated. Fats and oils have more than one fatty acid, and the combination of fatty acids is what determines saturated or unsaturated status. For example, corn oil is considered unsaturated, but it is only 70 percent unsaturated. Fatty acids are usually classified as saturated, monounsaturated, or polyunsaturated. Saturated fats raise serum cholesterol. Monounsaturated fats have no effect on serum cholesterol. Polyunsaturated fats have a variable effect on serum cholesterol (can raise or lower).

Polyunsaturated fats can be classified as omega-3 or omega-6 polyunsaturated fatty acids (PUFA). Omega 3 fatty acids are usually found in fish, and omega 6 fatty acids are usually found in plants. These are good fats that the body needs, along with monounsaturated fats. Typically, most Americans need to eat more omega-3 fatty acids found in fish, canola oil, flaxseed, and English walnuts, and less omega-6 fatty acids such as vegetable oils (e.g. corn, sunflower, and safflower).

Only 4 to 5 percent of our total calories needs to come from fat. They need to come from "essential fatty acids," predominately coming from omega-3 and omega-6 PUFA. This is what our body needs, but is it realistic for most people? American's typically consume thirty-eight percent of their calories from fat. This is not a reasonable difference. In order to maintain your body weight during the process of quitting smoking you will need to limit your fat intake. It's not very difficult to determine the percentage of calories from fat. Most food labels contain the weights of macronutrients — protein, carbohydrate, and fat — in grams. Protein has 4 kcal (kilocalorie) per gram. Carbohydrate has 4 kcal per gram, and fat has 9 kcal per gram.

Trans Fat: You may have noticed that some food packages advertise that the product contains 0%

Nutrition & Weight Gain

Determining Percentage of Fat

Grams of Fat x 9 = "Fat Calories"

Fat Calories / Total Calories x 100 = % Calories From Fat

Example: Corn Tortillas

Serving Size: 2 Tortillas

Calories: 120
Protein 3 gm
Carbohydrate 21 gm
Fat 3 gm

3 (gm fat) x 9 =27 "Fat Calories" 27 /120 Total Calories = .225

 $.225 \times 100 = 22.5\%$ Calories From Fat Per Serving

trans fat. Trans fat is poly or monounsaturated fat that has been partially hydrogenated, turning it from oils that are naturally liquid at room temperature to those that become solid, therefore modifying the fat so it is more like saturated fat. While trans fatty acids are considered unnatural by definition, the transformation is so severe that the trans fat can not be legally labeled as monounsaturated or polyunsaturated fat on packages.

A suggested nutrition plan would be to incorporate fruits, vegetables, and fish at least twice a week into your diet. Cut down on animal fat, and sugars found in simple carbohydrates. Do not go on a fad diet. Fad diets are unhealthy. Carbohydrate, proteins, and fats are all necessary for a healthy body. Cutting calories is the only way to loose weight, not cutting out foods such as carbohydrates.

Carbohydrates, Proteins, and Fats (2003). Retrived March 9, 2006 from MERCK website:http://www.merck.com

Kline, D. A., (2002): Practical nutrition for health educators. Nutrition Dimension: Ashland, OR.

Tupa, M. (n.d.) Trans fat. What is it? Where does it come from? And why haven't we heard anything about it? Retrieved January 6, 2006 from http://www.vanderbilt.edu/AnS/psychology/health_psychology/Transfat.htm

Maintaining Your Weight

Unfortunately, weight gain is a side effect of quitting smoking. The good thing is that it is not that hard to minimize the weight gain, or to lose the weight if you do gain some. The most important thing is that you quit smoking. The issue with weight can be dealt with within the first few months of quitting. Your weight gain can be minimized by being aware of what you're eating, and eating as healthy as possible.

One way this can be done is by setting goals for yourself and your eating habits. Remember your goal setting exercise from Week Six: the goal needs to be reachable. For example, for four days a week each week this month I will eat three low fat healthy meals a day and nothing else. I will plan these meals before hand and write them down on paper. On those days I will not eat any sweets or junk food at all. This plan is to help me control weight gain during the process of quitting smoking, not necessarily to weigh less than I do already.

The Instead of Diet

Another way you can control your weight gain is by trying the instead of diet. The instead of diet requires you to be conscious of what your eating every time you eat. With this method, you pick foods that you would normally eat, then replace them with something healthier. For example, instead of the steak and cheese sub and potato chips I would normally eat for lunch, I'll have a turkey sandwich with cheese and any other condiments I like. Instead of having a soda, I'll have bottled water. You don't have to suddenly begin to eat water crest salads, just choose something that's healthier. You should also limit your caloric intake by eating no more than three reasonably portioned meals a day. Of course, eliminating sweets and junk food as much as possible will help keep the weight off. Referring back to the goal setting exercise, you should reward yourself for your hard work — which could be letting yourself eat sweets and junk food on two days of the week.

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week Eight	

What to Expect

The Good

- Twenty minutes after your last cigarette your blood pressure will drop and the temperature of your hands and feet will increase to normal.
- After eight hours, the carbon monoxide in your blood will drop to normal.
- Between two weeks and three months, your circulation will improve and your lung function will increase up to thirty percent.
- Within one to nine months of quitting, coughing, sinus congestion, fatigue, and shortness of breath will decrease.
- After one year, your risk of coronary heart disease will be half that of a smoker's.
- Five years after quitting, your risk of a stroke will be reduced to that of a non-smoker's.
- After ten years, you will reduce the chance of having lung cancer by almost half.
- After fifteen years, your risk of coronary heart disease will be that of a non-smoker's.

Withdrawal

There are common withdrawal symptoms you may experience, but they will go away in time.

- Mood Changes: Including irritability, aggression, depression, and restlessness. These symptoms
 may only last up to four weeks.
- Difficulty Concentrating: This symptom may last up to two weeks.
- Cravings: You may experience the urge to smoke for more than two weeks. Be prepared with your strategies and support people.
- Increased Hunger: May last several months. This does not mean you have to gain weight-drink plenty of water. Be aware when you are replacing eating with smoking.

Source: Smoking cessation. Retrieved May 15, 2004 from about.com's website: http://quitsmoking.about.com/cs/afterquitting/a/after_quitting.htm

Coping Strategies

<u>Problem Focused Coping:</u> When you encounter a problem that makes you want to smoke, you need to STOP. Examine what is going on and decide whether or not you can change the situation. Just remember, smoking is not going to help!

<u>Emotion Focused Coping:</u> If you find yourself reacting negatively to a situation that you can not change, try and change the way you react to it. This could simply be not to smoke. The more you do not smoke as an emotional reaction the less you will think of smoking when your are dealing with a stressful event or situation. Remember the conditioning process and your WWWHs. You will overcome them.

Physical Desire for a Cigarette: Over the course of this program you have gradually reduced the amount of nicotine your body was absorbing. Your body releases nicotine throughout the course of the day. When your body releases more nicotine than what it is used to having, you will physically crave it. You may have noticed through the reduction process that there have been fewer and less frequent physical cravings. This is because your body has been getting used to having less nicotine in it. The way to beat physical cravings is to not smoke. Eventually, your body will become completely free from nicotine and you will no longer physically crave cigarettes.

Mental Desire: This is the habit, the relationship between you and your smoking. You need to break this relationship. Hopefully, by not smoking immediately after you woke up and ate or drank anything you broke some of your relationships to smoking. Tracking your WWWHs and developing strategies to combat them will also help break other relationships you have with smoking. Remember, every time you do not react to a WWWH by smoking, you will break the relationship more and more. Soon, you will not have any relationship to smoking at all.

Making Changes: You are a non-smoker now. You need to start viewing yourself as one. Get rid of your ashtrays, cigarette cases, lighters, and any other smoking paraphernalia you might have. If you

..... Week Eight

Coping Strategies

feel you need to keep an ashtray for guests or a lighter for candles, put them in a cabinet or drawer that stores other things you do not use regularly.

<u>Call Your Support People:</u> Call your support people to let them know when you're doing well. This can help you just as much as calling them when your doing bad.

<u>Taking Care of Yourself:</u> Quitting smoking is an amazing accomplishment. Why not keep it up? Start taking brisk walks or short bike rides. You deserve it and so does your body. Doing this will also help with physical cravings and weight gain.

<u>Reward Yourself:</u> Every week or month buy something for yourself, or take yourself out to dinner. You have extra money now and you deserve it. Just don't overspend or spend money to satisfy a craving for a cigarette.

<u>Oral Fixation:</u> A good ole' strategy. When you have a craving, chew on sugar free gum or candy. Remember, a craving may only last up to two minutes. By the time you're done with the gum or candy, the craving could be gone.

<u>Bite the Bullet:</u> It's time to grow up and bite the bullet. Yes it's hard, but so is life and you deal with that everyday. Besides, do you really want a tiny little cigarette controlling you?

Choose: At this point you have a choice. Choose not to smoke!!

Week Eight

About Relapse

Relapsing is unacceptable, but you're only human. If you do have a cigarette once you've completed the eight weeks, look at it as only a set back, not complete failure. At this point you should not have cigarettes in your possession. Accessibility to cigarettes is going to put you at a disadvantage. If you have to be around people who smoke, simply ask them to be aware that you are quitting, and if possible do not be around them while they are smoking.

If you relapse, let your support people know what happened so you do not carry around the guilt. Keep in mind how well you've been doing and how little you have smoked over the last few weeks. Carry on just as before. Never give up because you cheated. You still have the advantage. You almost have complete control over this disgusting habit and if you stick it out a little longer, you will beat it.

Keep thinking about the pros and cons of smoking and work on your WWWHs. But most of all, remember how the tobacco companies are manipulating the tobacco so you WILL stay addicted. Can you really be a smoker and live with that now? Fight your cravings one at a time. That's all they are, cravings. Compare the amount of time you go through the day without craving a cigarette to the times that you do crave. You probably only have to fight nicotine cravings one or two hours out of twenty-four. Don't let the addiction trick you into smoking at the time of the craving. Keep fighting and the cravings WILL be fewer and farther in between.



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6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		Г
9.			19.			9.			19.			9.			19.		Г
10.			20.			10.			20.			10.			20.		П

Week Hour	w	D	Minutes Hour W D			Week Hour	w	D	Minutes	s W	D	Week Hour	w	D	Minutes	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		
Week Hour	w	D	Minute Hour	w	D	Week Hour	w	D	Minutes Hour	S W	D	Week Hour	w	D	Minutes Hour	W	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		
Week Hour	w	D	Minute Hour	s W	D	Week Hour	w	D	Minutes Hour	S W	D	Week Hour	w	D	Minutes Hour	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		

Week Hour	w	D	Minute	s W	D	Week Hour	w	D	Minutes Hour	w		Week Hour	w	D	Minutes Hour	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.		ļ	8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		
Week Hour	w	D	Minute:	s W	D	Week Hour	w	D	Minutes Hour	w	D	Week Hour	w	D	Minutes Hour	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.			2.			12.		
3.			13.			3.			13.		j	3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.		j j	6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		
Week Hour	w	D		W		Week Hour	w	D		W	D		w	D		w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.		į	2.			12.		
3.			13.			3.			13.		į	3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		

Week Hour	w	D	Minutes Hour W D			Week Hour	W	D	Minute:	s W	D	Week Hour	w	D	Minutes Hour W D		
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		Г
10.			20.			10.			20.			10.			20.		
Week Hour	W	D	Minute Hour	s W	D	Week Hour	w	D	Minute:	s W	D	Week Hour	w	D	Minutes Hour	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		
Week Hour	w	D	Minute Hour	s W	D	Week Hour	w	D	Minute:	s W	D	Week Hour	w	D	Minutes Hour	w	D
1.			11.			1.			11.			1.			11.		
2.			12.			2.			12.			2.			12.		
3.			13.			3.			13.			3.			13.		
4.			14.			4.			14.			4.			14.		
5.			15.			5.			15.			5.			15.		
6.			16.			6.			16.			6.			16.		
7.			17.			7.			17.			7.			17.		
8.			18.			8.			18.			8.			18.		
9.			19.			9.			19.			9.			19.		
10.			20.			10.			20.			10.			20.		