QUIT IT ACTIVITIES

QUIT IT Stations
(Suggested Use: Week 3 Activity)

Set up stations where tobacco users can trade in their tobacco/nicotine products to include cigarettes, snus, chewing tobacco, electronic cigarettes, for nicotine replacement therapies (e.g. gum, lozenges, or patches), sugarless chewing gum, carrot sticks, cold bottled water or a deck of cards. Have fun with it and add encouraging messages, jokes or quit tips.

A craving only lasts a few moments, so the idea of Quit It Stations is to give participants something else to do during a craving along with any ideas/tips/activities that will help them get through cravings to follow. The more cravings they can pass on, the better!

QUIT IT Department Competitions

Create a competition between departments or locations to collect the most
- “Kept” pledges to quit tobacco.
- Tobacco products turned in at Quit It Stations  (for example: week 3)
- Participants that enroll in Quitline Iowa  (could focus on week 4, for example)
- Participants with reduced blood pressure readings from beginning to end of competition

QUIT IT Unity Pledge

Ask nontobacco users to give up something too. Design pledge cards so they can indicate what they will give up, such as coffee, chocolate, or soft drinks. They can even do most of the Quit It challenge based on their own pledges, however, Quitline Iowa does not get into the food and caffeine addiction coaching services. 😊

Some ideas for this guide were drawn from cancer.org
QUIT IT Cold Turkey
(Suggested use: Week 5)

Quitting “cold turkey” is a popular way that people quit. Some people have found great success with it, but it does pose more withdrawal challenges. Tobacco users can prepare by looking into other cessation resources, such as Quitline Iowa, or talking with their medical provider, nicotine replacement therapies, or prescription medications. When a tobacco user implements a combination of medication and counseling they have a higher rate of success. To encourage your participants, you can have some fun with a Cold Turkey event.

- Purchase a fresh/frozen turkey and have participants guess the weight. Provide positive cessation messaging and materials at the sight of the turkey’s display. Winner gets the turkey for a prize.
- Offer a complimentary Cold Turkey sack lunch or feature “Cold Turkey” on the cafeteria menu for participants who successfully replaced their triggers with 3 healthy habits each day week 5.

QUIT IT Freedom Kits
(Suggested use: Week 6)

Fill goody bags with items that will help participants fight off cravings one at a time and give them the confidence and determination to quit. Some ideas include:

- Word games/puzzles
- Chewing gum
- Rubber band for their wrist
- Bottled water
- Mini journal
- Quitline Iowa materials
- Toothbrush and paste
- Note of encouragement for them to take a brisk walk
- Fruit
- Veggie Sticks
- Photo of participants loved one (they can take the photo out every time they have a craving and let it remind them why they want to quit)
- Flavored tooth picks
- Hard candy
- Life Savers (they could be saving theirs or a loved one’s life by quitting)
# QUIT IT Common Triggers & The Healthy Habit Exchange

<table>
<thead>
<tr>
<th>Common Triggers</th>
<th>Healthy Habit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving in your car</td>
<td>Talk a brisk walk</td>
</tr>
<tr>
<td>Talking on the phone</td>
<td>Plan a healthy meal</td>
</tr>
<tr>
<td>Drinking a cup of coffee</td>
<td>Drink lots of water</td>
</tr>
<tr>
<td>Loneliness</td>
<td>Join a group or class</td>
</tr>
<tr>
<td>Being with someone</td>
<td>Take up a new hobby</td>
</tr>
<tr>
<td>Party/Entertainment gathering/venue</td>
<td>Run</td>
</tr>
<tr>
<td>Coping with stress</td>
<td>Cardio workout</td>
</tr>
<tr>
<td>To relax or ease tension</td>
<td>Hold hands with your honey</td>
</tr>
<tr>
<td>To stimulate creativity</td>
<td>Play a game with your family</td>
</tr>
<tr>
<td>Because you’re happy or having fun</td>
<td>Do a puzzle</td>
</tr>
<tr>
<td>Because tobacco seems to make good times even better</td>
<td>Journal</td>
</tr>
<tr>
<td>Like to use tobacco/nicotine when I drink alcohol</td>
<td>List your reasons to Quit It</td>
</tr>
<tr>
<td>To deal with frustration</td>
<td>Focus in on family picture or remembering a fun trip or event</td>
</tr>
<tr>
<td>To deal with boredom</td>
<td>Remember, YOU CAN DO THIS!</td>
</tr>
<tr>
<td>When I wake up in the morning</td>
<td>Do something socially active</td>
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<tr>
<td>Right before I go to bed</td>
<td>Get plenty of rest</td>
</tr>
<tr>
<td>When I’m cooking on the grill</td>
<td>Read a book</td>
</tr>
<tr>
<td>When I’m out hunting</td>
<td>Have a healthy snack</td>
</tr>
</tbody>
</table>

Some ideas for this guide were drawn from cancer.org
QUIT IT
Tobacco Cessation Program

The QUIT IT tobacco cessation program is a 6 week challenge for employees looking for support to quit using tobacco. Each week, participants are asked to complete a few activities that will assist them on their quest to become tobacco free. The Program Coordinator is encouraged to meet weekly with the participants to gauge their compliance & success with the program activities. The goal of the program is to assist employees through the first few difficult weeks of eliminating tobacco from their daily lives.

**Coordinator Instructions:**

1. Review the QUIT IT documents and tracking forms.

2. Select:
   a. Program Dates (Start & End Date)
   b. Incentive Option (if your organization chooses to incentivize the program)

3. Promote the QUIT IT tobacco cessation program using the flyer provided. Give participants 1-2 weeks to register for the program.

4. Distribute the Registration Materials to interested participants and employees.

5. Provide technical assistance to participants if they have questions regarding how to complete the Registration materials.

6. Collect the registration materials and schedule the meeting dates; notify participants of the meeting dates.

7. At the initial meeting, provide each participant with the Challenge Tracker and explain that they must track and complete the weekly challenges to qualify for the weekly incentive (if offered).

8. Each week, participates are required to check in with the Program Coordinator to show their progress on completing the week’s Challenge.

9. OPTIONAL – If the participant completes all the challenge activities for the week, they may receive the incentive.

10. On the last week of the challenge, have all participants complete a POST program evaluation to compare to their initial assessment to identify improvements in health!

11. OPTION – If incentives are provided, award Grand Prizes to participants who completed all the required activities of the program at the last meeting

12. OPTION ENDING – Worksites may choose to award a Grand Prize to participants who abstain from tobacco use after 1, 3 or 6 months of finishing the program.

13. Acknowledge the WINNERS throughout the organization!
Incentive Options –

- QUIT IT Stations (see attachment)
- QUIT IT Cold Turkey Sandwiches (see attachment)
- QUIT IT Freedom Kits (see attachment)
- Healthy Habit Exchange (see attachment)
- Monetary Incentive

- A monetary incentive will highly motivate people. Design a method that is appropriate for your participants and location. In addition to the one depicted on the enclosed posters, here are some examples:

1. Require each participant to pay $5 x #weeks at the beginning of the challenge and award them Total$ / #weeks each week they successfully complete the activities (unclaimed money can be awarded as Grand Prize)

2. Each week, require participants to put an increasing % of the cost of their weekly tobacco use into their “jar” and then award the “jar” of money back to each participant at the end of the challenge as a Grand Prize (example – Week 1 = 20%; Week 2 = 4-%; Week 5 = 100%)
It's Time To Quit It!

WHO: “enter business name” employees

WHAT: Competition

WHERE: “enter location of check ins”

WHEN: [dd/mm/yyyy] to [dd/mm/yyyy]

Individuals compete in this fun, motivating and personal challenge that encourages healthy habits, tobacco cessation, and most importantly...ACCOUNTABILITY, SUCCESS, & ENJOYMENT! This challenge will make every quit a victory and put to shame that old cliché! Because every time you quit tobacco you ARE A WINNER!

BASIC PROGRAM STRUCTURE:
- Weekly Check Ins: [enter date and time]
- Weekly Challenges
- Journaling
Competition Details

Looking for a reason to work on your next tobacco quit? Challenge your co-workers and participate in the Quit It competition.

- Each participant pays $60.00* to enter.
- Each participant must complete:
  o Registration Form
  o Readiness Form
  o Baseline Assessment Form (blood pressure testing)

Participants can earn back their $60.00 by:
  ▪ Participating in Weekly Check Ins
  ▪ Completing Weekly Challenges
  ▪ Enroll in Quitline Iowa, a cessation coaching program and set your Quit date.

Participants who complete the weekly challenge, will receive $5.00 each week ($5 x 6 weeks = $30.00 back into your pockets!) The remaining $30 from each participant goes into a pot that will be drawn for at 4, 12, and 24 week intervals, post the main challenge activities to participants that have abstained from tobacco.

Although this is a steep investment to pay upfront, the money will act as a HUGE motivator for you, while you learn to make healthy behaviors part of your daily routine.
REGISTRATION FORM:

Participants Name:  
"[Insert Team Member Name]"

Team Name:  
"[Insert Team Name]"

Return Registration Form and ALL supporting documents to  
"[enter coordinator's name]"  by [dd/mm/yyyy].

Email:  "enter email address"

Drop Off:  "[enter location to return registration materials]"

Phone:  "[enter coordinator's phone number]"

REMEMBER TO INCLUDE:

- Registration Form
- Readiness Form
- Baseline Assessment Form (*optional if requested by coordinator)
Readiness Questionnaire

NAME __________________________ AGE ___________________ DATE __________________

ADDRESS ____________________________________________________________

[City] [State]

TELEPHONE: (home) __________________________ (business) __________________________

OCCUPATION: __________________________ DEPARTMENT: __________________________

Date of last physical exam: __________________________

Have you ever been in a tobacco cessation program? (IE, Freedom From Smoking, Fresh Start, Tobacco Cessation Group, Quitline Iowa, etc.) YES NO YEAR: [date]

Person to contact in case of Emergency: __________________________ Phone: __________________________ (relationship)

<table>
<thead>
<tr>
<th>PAST HISTORY</th>
<th>FAMILY HISTORY</th>
<th>PRESENT SYMPTOMS</th>
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</thead>
<tbody>
<tr>
<td>(Have you ever had?)</td>
<td>YES NO</td>
<td>(Have any immediate family or grandparents had?)</td>
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<tr>
<td>High Blood Pressure…</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Any heart trouble…</td>
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<td>☒</td>
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<tr>
<td>Disease of the arteries.</td>
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<td>Varicose Veins…</td>
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<td>Lung Disease…</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Asthma…</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Kidney Disease…</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Hepatitis…</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Diabetes…</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Heart Murmurs…</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Have you ever had your cholesterol measured? YES NO If yes, TC Value: Date: [mo/yr]

Are you taking any Prescription or Non-Prescription tobacco cessation medications?

YES NO (include birth control)

Medication Reason for Taking For How Long?
What type of tobacco do you currently use?  
☐Cigarettes  ☐Cigars  ☐Smokeless  
☐Other  If so, what type?________________________

How much per day:  
☐<1/2 pack  ☐1/2 - 1 pack  ☐1 1/2 -2 packs  ☐>2 packs

Have you ever quit tobacco before?  ☐YES  ☐NO  When? [mo/yr]  How long were you quit? ______

How many years have you used tobacco and how much did you use?

Do you drink any alcoholic beverages?  ☐YES  ☐NO  If Yes, How much in 1 week?

Beer (cans)  Wine (glasses)  Hard Liquor (drinks)

Do you drink any caffeinated beverages?  ☐YES  ☐NO  If Yes, How much in 1 week?

Coffee (cups)  Tea (glasses)  Soft Drinks (cans)

**ACTIVITY LEVEL EVALUATION**

What is your occupational activity level?  
☐Sedentary  ☐Light  ☐Moderate  ☐Heavy

Do you currently engage in vigorous physical activity on a regular basis?  ☐YES  ☐NO  
If so, what type?  How many days per week?

How much time per day?  
☐<15 min  ☐15-30 min  ☐30-45 min  ☐>45 min

Do you ever have an uncomfortable shortness of breath during exercise?  ☐YES  ☐NO  
If so, does it go away with rest?

Do you ever have chest discomfort during exercise?  ☐YES  ☐NO  
If so, does it go away with rest?

Do you engage in any recreational or leisure-time physical activities on a regular basis?  
☐YES  ☐NO  If so, what activities:

On average:  How often:  days/week  For how long?  minutes/session

Please indicate the reasons you are interested in joining this program.

☐To cut back on tobacco/nicotine use  ☐Doctor’s recommendation

☐Get healthier  ☐Feel like tobacco could be harming my health

☐I love a good challenge  ☐I want to begin my life as a non-smoker  ☐Other________________________
Prior to competing in the Quit It challenge, please complete the assessments below to measure your current status. After the program concludes, you will be asked to repeat the assessments to measure your improvements. Then you will have facts to illustrate health benefits you will be receiving from your quit!

**WHAT YOU WILL NEED:**

- Stop Watch or watch with the second hand
- Track, Treadmill, or Road Route of 1 Mile
- Tennis Shoes
- Comfortable Exercise Clothing
- Pen and This Paper to Record Results

**Assessment 1: Blood Pressure Check**

Record Your Blood Pressure _____________

**Assessment 2: 1 Mile Walk --- Cardiovascular Fitness**

| STEP 1: Record Resting Heart Rate: _______ beats per minute |
| STEP 2: Warm-up for 5 minutes with a light, easy walk |
| STEP 3: Rest 2-3 minutes (optional) |
| STEP 4: Start stopwatch and walk 1 mile (Try to complete the mile as fast as you can, while still walking….no jog/run) |
| STEP 5: Stop watch at 1 mile mark Time to Walk 1 Mile: _______ (minutes: seconds) |
| STEP 6: Record Your Heart Rate: _______ beats per minute |
| STEP 7: Continue walking at a slow pace for 5-10 minutes to cool-down. |

*It’s a good idea to perform these tests in the listed order or on separate days to prevent premature fatigue!! Doing the assessments with a friend is helpful and motivational!*
**Quit It Guide To Finding Your Resting Heart Beat:**

Your resting heart rate is best measured when you first wake up in the morning, before your feet leave the sheets.

Grab a stopwatch or a clock or watch with a second hand, then find your pulse. You can locate your pulse either in your radial artery on your wrist or at your carotid artery in your neck. Choose the spot that works best for you.

The only trick to measuring your heart rate is that you must use the correct fingers to do the measuring. Your thumb has a light pulse and can create some confusion when you are counting your beats. It's best to use your index finger and middle finger together.

After you find the beat, you need to count how many beats occur within 60 seconds. The shortcut to this method is to count the number of beats in 10 seconds, and then to multiply that number by 6. This method gives you a 60-second count.

*Example: You count 7 beats in 10 seconds: 7 x 6 = 42 beats per minute.*

If you have trouble finding your pulse or separating the beats in your body from the ticks of your watch, ask a friend for help. Have your friend count your pulse beats while you watch the clock or vice versa.

*Source: www.dummies.com*
# Quit It Challenge Tracker

It’s time to experience the freedom!

## Week One

### My Readiness to Quit: (circle one)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>I have quit tobacco/nicotine use</td>
</tr>
<tr>
<td>9</td>
<td>I have quit tobacco/nicotine use, but worry about relapse</td>
</tr>
<tr>
<td>8</td>
<td>I still use tobacco/nicotine, but have begun to cut back and am ready to set a quit date</td>
</tr>
<tr>
<td>7</td>
<td>I plan to quit tobacco/nicotine use in the next 30 days</td>
</tr>
<tr>
<td>6</td>
<td>I plan to quit tobacco/nicotine use in the next 6 months</td>
</tr>
<tr>
<td>5</td>
<td>I often think about quitting but have no plans to quit</td>
</tr>
<tr>
<td>4</td>
<td>I sometimes think about quitting but have no plans to quit</td>
</tr>
<tr>
<td>3</td>
<td>I rarely think about quitting and have no plans to quit</td>
</tr>
<tr>
<td>2</td>
<td>I never think about quitting and have no plans to quit</td>
</tr>
<tr>
<td>1</td>
<td>I have decided not to quit tobacco/nicotine use for my lifetime; I have no interest in quitting</td>
</tr>
</tbody>
</table>

### Number of Tobacco/Nicotine Uses: (per day)

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</table>

### Cost of Tobacco/Nicotine Use:

How much do you spend on a pack of cigarettes/chew/whatever form you use? _______

How many packs per week do you purchase?

How much do you spend on a pack of cigarettes/chew/whatever form you use? _______

How many packs per week do you purchase?

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
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</table>

Find Your Triggers:

<table>
<thead>
<tr>
<th>Find Your Triggers:</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
<tr>
<td>Time of day:</td>
<td>______</td>
<td>_______</td>
<td>________</td>
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<tr>
<td>How intense is the craving?</td>
<td>Low 1 2 3 4 5</td>
<td>High 1 2 3 4 5</td>
<td>Low 1 2 3 4 5</td>
<td>High 1 2 3 4 5</td>
<td>Low 1 2 3 4 5</td>
<td>High 1 2 3 4 5</td>
<td>Low 1 2 3 4 5</td>
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<tr>
<td>Who are you with?</td>
<td>______</td>
<td>_______</td>
<td>________</td>
<td>_______</td>
<td>______</td>
<td>________</td>
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<tr>
<td>Where are you?</td>
<td>______</td>
<td>_______</td>
<td>________</td>
<td>_______</td>
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<td>________</td>
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<tr>
<td>How do you feel?</td>
<td>______</td>
<td>_______</td>
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</table>

<table>
<thead>
<tr>
<th>How do you feel? (Happy, bored, stressed)</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
<tr>
<td>Happy</td>
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<td>________</td>
<td>_______</td>
<td>______</td>
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<td>______</td>
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<tr>
<td>Bored</td>
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<td>_______</td>
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<tr>
<td>Stressed</td>
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<td>_______</td>
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</table>
### List & Rate Your Triggers:

- **Craving Intensity:** (Strong to Low)
  1. _____________
  2. _____________
  3. _____________
  4. _____________
  5. _____________

- **Craving Frequency:** (High to Low)
  1. _____________
  2. _____________
  3. _____________
  4. _____________
  5. _____________

- **Common places, people, moods:** (Most to Least)
  1. _____________
  2. _____________
  3. _____________
  4. _____________
  5. _____________

### Select 2 Triggers to Target & Replace with Healthy Habit

- **Week Three**
  1. trigger
  2. trigger

<table>
<thead>
<tr>
<th>Week</th>
<th>MONDAY</th>
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</table>

### Enroll in Quitline Iowa

- **Week Four**
  1. trigger
  2. trigger
  3. trigger

- **Week Five**
  1. trigger
  2. trigger
  3. trigger

- **Week Six**
  1. trigger
  2. trigger
  3. trigger

#### Enroll in Quitline Iowa

- **SET A QUIT DATE:** _____ / _____ / ____________

#### Enrollment Method:
- □ Telephone # 1-800-784-8669
- □ Internet – www.quitnow.net/iowa

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