

Do I Want to Quit Smoking?

Decision Balance Sheet

This worksheet provides you with a starting point for analyzing your reasons to quit smoking. Feel free to brainstorm your own personal reasons to help you make the decision.

To Myself	\checkmark	Advantages	\checkmark	Disadvantages
		I won't smell like smoke		I won't feel part of a group of friends who smoke
		My breathing will be easier going up the stairs		It takes time and energy to quit
		I'll stop coughing in the morning		If I gain weight, I'll be upset
		I won't have people bumming cigarettes		I don't want to feel irritated and grumpy all the time
		I'll feel good not influencing others to smoke		
		I may qualify for a reduction in premiums on life insurance, car insurance and home insurance		
		I may be able to get a higher resale for my car if I don't smoke		
		I will have money to go on vacation or pay off debt		
Others?				
To Others	\checkmark	Advantages	\checkmark	Disadvantages
		I'll live longer to be with my family/children		I'll have to do without cigarettes that might make me grumpy
		My children will be less likely to start smoking		I might make friends who till smoke feel guilty for smoking
		It will support my spouse who would like to quit		If I gain weight, I'll be upset
		My co-workers don't like the smoke		
		My family will not be exposed to second hand smoke		
		I can save money for a family vacation		
Others?				

My Decision: Yes, I want to quit smoking.

No, I am not ready to quit smoking.

If you answered yes and you want some additional support and resources to help you through your quitting smoking journey, contact Health Promotion to find out more about the CAF Butt Out

Program.

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