



WELLNESS WORKSHEET 57

For Users of Spit Tobacco or Cigars

Part I. Spit Tobacco

If you use spit tobacco on a regular basis, it is highly likely that you are addicted to nicotine. To determine the strength of your addiction, check any of the following statements that are true for you.

- _____ I no longer feel dizzy or nauseated as I did when I first used spit tobacco.
- _____ I use spit tobacco more frequently and in more situations than I used to.
- _____ I have changed products to ones that contain higher doses of nicotine (check product labels: the average dose of nicotine is 3.6 mg for snuff, 4.6 mg for chew, and 1.8 mg for cigarettes).
- _____ I have my first dip or chew early in the day.
- _____ I find it difficult to stop using spit tobacco for more than a few hours at a time.
- _____ I have strong cravings for spit tobacco—when I don't use it, I think about it frequently.
- _____ I use spit tobacco even when I'm ill, such as with a cold or the flu.
- _____ I notice physical and emotional effects such as headache, irritability, fatigue, and difficulty sleeping or concentrating if I go longer than usual without using spit tobacco.
- _____ I have tried and failed to quit.
- _____ I also smoke cigarettes or cigars at least occasionally.

The more statements you checked, the stronger your dependence on nicotine. Find out more about how spit tobacco affects your life by completing the following:

How much spit tobacco do you use each day or week? How often do you use it?

When did you start using spit tobacco? Why did you start? How long do you plan to continue?

(over)

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Carefully examine your mouth—inside and out—for signs of the effects of spit tobacco. Do you have any sores, white patches, or lumps; discolored or damaged teeth; gum recession; or bad breath? Note the size and location of any problems, and recheck your mouth regularly to track any changes.

Add up how much money you spend on spit tobacco: \$_____ per week, \$_____ per month, \$_____ per year. Can you think of something else you'd like to spend this money on?

Ask your friends and family members what they think about your use of spit tobacco. Do they worry about its effect on your health? Do they find the associated bad breath and spitting to be unappealing? Do you get different responses to these questions from other users of spit tobacco than you do from nonusers?

Part II. Cigars

Describe your use of cigars: How often do you smoke a cigar? How many do you smoke per day, per week, or per month? What type of cigars do you smoke?

(over)

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Do you smoke cigars more often now than in the past? Has there been any change in your pattern of use? Have you started using other forms of tobacco? (Any escalation of use could potentially be a sign of dependence on nicotine.)

Why do you smoke cigars? How does it make you feel physically, emotionally, and socially?

How much money do you currently spend on cigars each month? \$ _____ What do you think about spending this much over a long period of time?

Ask your friends and family members what they think about your use of cigars. Do they worry about the health effects—on you and/or on the people around you when you smoke? Do they find the cigar smoke to be appealing or unappealing? Do you get different responses to these questions from other users of cigars than you do from nonusers?

Do you ever think about the health risk of cigar use—for yourself or those exposed to your tobacco smoke? Do you know what the health risks of cigar use are?

(over)

INTERNET ACTIVITY

Use the World Wide Web to obtain more information about the health effects of spit tobacco or cigars. Use the sites listed below or do a search. List five potential adverse effects of the use of spit tobacco or cigars; these can be adverse effects for the user or for nonusers exposed to her or his tobacco habit.

American Cancer Society: <http://www.cancer.org>

American Lung Association: <http://www.lungusa.org>

CDC TIPS: <http://www.cdc.gov/tobacco>

National Cancer Institute cigar information: <http://cancercontrol.cancer.gov/tcrb/monographs/9>

National Oral Health Information Clearinghouse: <http://www.nohic.nidcr.nih.gov>

Site(s) visited (URL): _____

Health effects:

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

At the site(s) you visited, did you find any quitting resources that you can use? If so, provide a brief description.