

Do you, or anyone in your home, smoke cigarettes? Cigarette smoke can make your children sick

Children who are around cigarette smoke have more colds, coughs and ear infections. Children who are around cigarette smoke are also more likely to develop asthma. Smoke can cause your child to have an asthma attack if they have asthma. Cigarette smoke contains lots of poisons and chemicals that make smokers and those who breathe the smoke sick.

Many children learn by watching adults around them. Studies show that children who live with parents that smoke are more likely to become smokers. This is why it is important to not smoke around your child.



If you are ready to quit, talk to your provider.
You may also call Molina Healthcare
Member Services at the
phone number on your ID card.

For more information on how smoke can
affect your children you can call
the American Lung Association at
1-800-LUNG-USA.



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Part# 2092Rev0408

Keep Smoke Away From Your Children!



Your Extended Family.

Help keep your kids away from smoke

Use the tips below to keep your kids safe from smoke:

- **Do not smoke in your home.** Ask your friends and family who come over to your house to go outside if they must smoke. Smoke can stay in your house for up to seven days.
- **Do not smoke with your children in the car.** Ask your friends and family not to smoke with your children in the car.
- Choose child care workers who do not smoke around your children.
- Do not spend too much time indoors where anyone is smoking.
- If you or anyone in your family smoke you may also think about quitting.

Remember, keeping smoke away from your child can prevent them from getting sick. If you are interested in quitting smoking we would like to see you succeed at your goal to quit.



Have you or anyone you know ever thought about quitting smoking?

Some people may think about quitting. Many people really want to quit smoking and are not sure if they can. For some it may not be the right time in their life. Answer the questions below to see if you are ready to stop smoking.

Do you want to quit smoking?	<input type="checkbox"/> Yes (Score: 1)	<input type="checkbox"/> No (Score: 0)	
When do you plan to stop smoking?	<input type="checkbox"/> Within 30 Days (Score: 1)	<input type="checkbox"/> Beyond 30 Days (Score: 0)	
Why do you want to stop smoking?	<input type="checkbox"/> For Self (Score: 2)	<input type="checkbox"/> For Family or Others (Provider) (Score: 1)	
How many times have you tried to stop smoking?	<input type="checkbox"/> 2 or More Times (Score: 2)	<input type="checkbox"/> Once (Score: 1)	<input type="checkbox"/> None (Score: 0)
How long have you gone without smoking?	<input type="checkbox"/> More Than a Month (Score: 2)	<input type="checkbox"/> Less Than a Month (Score: 1)	
How confident are you that you can commit the time and planning it will take you to quit?	Not Confident Most Confident <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (More than 3, Score: 1)		
How would you rate your ability to manage stress in your life?	Not Able Most Able <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (More than 3, Score:1)		
How much help do you think your friends and family are going to be in your effort to quit smoking?	Not Helpful Most Helpful <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (More than 3, Score:1)		

- Each answer is given a point.
- Total up the number of points for the answers you gave.
- If you score higher than 5 you may be ready to quit smoking.
- Good luck!

My score is: _____