

Quitting Smoking Contract

I, _____, hereby vow to quit smoking as of today, _____.

I am doing this for my health as well as the health of my family, friends and those who live near me.

I will get rid of all of the cigarettes, cigars, pipes and paraphernalia in my house, vehicle(s) and work areas in order to remove the temptation to smoke.

I understand that I will experience withdrawal symptoms such as cravings, irritability, sleeplessness and frustration. If these symptoms or cravings get unbearable to the point that I cannot deal with them myself, I will contact one of the following people:

- _____, _____, _____

- _____, _____, _____

- _____, _____, _____

- _____, _____, _____

- Support Line: _____

Signature Date

Witness Date