

Quit Smoking Contract

I, _____ of age _____, agree to start to quit smoking today, dated _____.

I understand that by quitting smoking, I may experience some withdrawal symptoms such as irritability, nervousness and headaches. I may be in a low mood during this crucial period of my life but I will try my best to keep myself calm.

I understand that even though I am quitting smoking to improve my own health, this is also to ensure that everyone around me, including my loved ones, will not be inhaling second hand smoke due to my bad habit.

Smoker

Signature: _____

Date: _____

Witness 1

Signature: _____

Date: _____

Witness 2

Signature: _____

Date: _____