



# Q u i t S m o k i n g C o n t r a c t

I am \_\_\_\_\_.

I can do anything I put my mind to.

I will raise my baby to be  
as \_\_\_\_\_ as I am.

AND I WILL START TODAY,  
BY SETTING MY QUIT DATE TODAY!

Quit Date:

Patient Signature: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## Q u i t S m o k i n g C h e c k l i s t

- I have talked to my healthcare provider about the benefits of quitting.
- I have listed out my reasons why I am going to quit.
- I understand possible withdrawal symptoms.
- I know what triggers make me want to smoke.
- I have a plan to throw away all of my tobacco products and have decided on something for my mouth and hands that will replace them (i.e. mouth: gum, straws, cinnamon stick & hands: hold pencil, do a crossword, draw or doodle).
- I have learned about second hand smoke & third hand smoke. I have a plan for a smoke-free house or a smoke free space.
- I have found a friend or family member that will help support me. I know how to talk to them to let them know how I would like to be supported.
- I have enrolled in the Quit Line or SmokeFreeMoms.
- I understand that quitting smoking is hard. If I have tried to stop smoking before, I can learn what helped, what didn't work and am more likely to be successful now.

W o r d s o f E n c o u r a g e m e n t :