

Stop Smoking Contract

Teen participant:

I _____ agree to make every effort to quit smoking. I will participate in Start Teenquit to gain the information and skills that will help me to quit. My anticipated quit date is _____. Prior to and sometime after this quit date, I may experience some withdrawal symptoms such as irritability, nervousness, headaches, and other physical symptoms. I may be a little difficult to get along with during this period. I will appreciate your support and understanding.

Even though I am quitting smoking to improve my own health, it may help me to be more successful in quitting smoking if we can agree on a reward or incentive if I am successful.

Parent, friend, or support person:

I _____ agree to assist and support you in your effort to quit smoking in the best way that I can. I would like to give you the following reward or incentive if you are successful in quitting smoking for a period of 1 month: _____. After 1 month, your reward will be improved health and, hopefully, a much longer life.

Signatures of commitment:

Teen participant: _____ Date: _____

Parent, friend,
or support person: _____ Date: _____