




# Habit Contract to Quit Smoking

This contract is a commitment to improve my health, well-being, and quality of life by quitting smoking.

 **Contracting Party:** Name: \_\_\_\_\_

 **Start Date:** Date: \_\_\_\_\_

 **Reasons to Quit Smoking:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

 **Goals:**

1. Quit smoking completely by (specific date): \_\_\_\_\_
2. Reduce cigarette intake to \_\_\_\_\_ per day by (specific date): \_\_\_\_\_

 **Action Steps:**

1. **Initial Steps:** a. Identify triggers: \_\_\_\_\_  
b. Choose a quit method: \_\_\_\_\_  
c. Set up a support system: \_\_\_\_\_
2. **Daily/Weekly Tasks:** a. \_\_\_\_\_  
b. \_\_\_\_\_
3. **Rewards for Achieving Goals:** a. \_\_\_\_\_  
b. \_\_\_\_\_

 **Rewards:**

1. **Short Term Reward for First Week:**

\_\_\_\_\_

2. **Mid Term Reward for First Month:**

\_\_\_\_\_

3. **Long Term Reward for Six Months:**

\_\_\_\_\_

 **Consequences for Non-Compliance:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Support Partner Details:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## **Role of Support Partner:**

1. To provide encouragement and support.
2. To help maintain accountability towards the set goals.
3. To offer understanding and motivation during challenging times.
4. To celebrate milestones and achievements in the journey to quit smoking.

## **Review Dates:**

1. **First Review:** [Insert Date] \_\_\_\_\_
2. **Second Review:** [Insert Date] \_\_\_\_\_
3. **Final Review:** [Insert Date] \_\_\_\_\_

During each review, progress will be assessed, challenges will be addressed, and adjustments to the action steps, if necessary, will be made.

## **Acknowledgement and Commitment:**

**I, [Name], understand the harmful impacts of smoking on my health, well-being, and quality of life, and I am making a committed decision to quit smoking. I will actively pursue the action steps listed above and will seek support as needed.**

**Signature of Contracting Party:** \_\_\_\_\_

**I, [Support Partner's Name], commit to supporting [Name] in their journey to quit smoking. I will offer encouragement, understanding, and accountability to help them achieve their goal.**

**Signature of Support Partner:** \_\_\_\_\_

**Date of Signing:** \_\_\_\_\_