

# NO-SMOKING CONTRACT

American Heart  
Association



*Learn and Live®*

Sign this contract in front of a witness – a doctor, close friend or family member who will be there for you if you need help.

I, \_\_\_\_\_,  
promise to quit smoking starting \_\_\_\_\_.

If I slip, I will contact the witness whose name is below.  
With his or her help, I will become a nonsmoker again.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

[www.AmericanHeart.org/CardiacRehab](http://www.AmericanHeart.org/CardiacRehab)