

SMOKERS LIST

First Name: _____ Last Name: _____
_____ e-mail: _____ phone: _____

List 4 times when you felt totally disgusted about smoking.

1.

2.

3.

4.

List all the reasons you have for wanting to stop smoking

1.

2.

3.

4.

5.

6.

List all the benefits you will get from being a non-smoker.

1.

2.

3.

4.

5.

6.

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