

PLEDGE TO QUIT SMOKING

Ipledge to stop smoking, and be quit by No Smoking Day

I recognise that this may be one of the biggest challenges of my life, however by choosing to quit smoking this gives me the best chance to improve my health.

Upon signing this pledge I make a commitment to myself. My QUIT date will be

By using this service you agree to be contacted in the future (4 weeks, 3 months, 1 year) by a third party acting on behalf of NHS Forth Valley to ask about your smoking status. Your details will be anonymised and kept on a confidential database to see if our stop smoking programme is working. Some of your information may be used for research purposes within the NHS.

I agree to be contacted by: Phone/Text/Letter/Email

Signature Date

Address

Postcode Date of birth

Telephone number email

Please return your pledge to the Stop Smoking Service in the freepost envelope provided.



Ref. _____