

PERSONAL RESPONSIBILITY—HEALTH AND COMMUNITY



A Contract To Protect My Health By Reducing Exposure To Secondhand Smoke

Because secondhand smoke can cause health problems for me - including heart disease, cancer and breathing problems - I agree to do the following:

(Write your initials next to the items you agree to do.)

- _____ Ban smoking in my home: I will ask family members and friends not to smoke inside my home.
- _____ Ban smoking in my car.
- _____ Ask my employer to ban smoking inside our workplace.
- _____ Try to minimize my time with friends who smoke or plan outside activities for our time together.
- _____ Patronize as often as possible businesses and restaurants that do not allow smoking.
- _____ Sit in the nonsmoking section of restaurants that do allow smoking.
- _____ Tell others why I am making choices to protect my health.
- _____ Join with others to encourage employers, school administrators and businesses to ban smoking inside their buildings.

Signature _____ Date _____

My Contract to Reduce My Child's Exposure to Secondhand Smoke

Because I recognize that secondhand smoke presents a health risk to my child, I agree to do the following:

DURING PREGNANCY -

- I will not smoke when I am pregnant.
- I will not smoke when my wife is pregnant.

AFTER THE BIRTH OF OUR CHILD -

- I will not allow smoking inside our home.
- I will not allow smoking inside our car.
- I will choose a day-care provider who does not smoke and who does not allow smoking when children are present.
- I will choose baby sitters who do not smoke when my child is present.
- I will avoid socializing with friends who smoke when my child is present.
- When our family eats out, we will sit in the nonsmoking section of restaurants.
- I will avoid taking my child to places of business where people are smoking.

AFTER MY CHILD STARTS TO SCHOOL -

- I will ask my child's school administrators to ban smoking in the school building.
- I will ask my child's coaches, music and dance teachers, scout and 4-H leaders, and others who are involved with my child's activities to refrain from smoking when my child is present.

Signature _____ Date _____