



WORKING FOR A
HEALTHIER TN



Tobacco Cessation Challenge

Name _____

Department _____

Each participant will use the tracker to record how many cigarettes, cigars, pipes or smokeless tobacco products used daily. *Record which tobacco product you used and how many.

The goal is to have the fewest points at the end of the challenge. Encourage others to participate and set a quit date. Special recognition will be given to the employees who quit using tobacco completely!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Week 1								
Week 2								
Week 3								
Week 4								

Do you have a [success story](#) to share? Or, perhaps how you completed this challenge?
Email us at WFHT.TN@tn.gov.