

Name: _____ Date: _____

Smoking Cessation

1. ODSDCNNHAE SKEOM _____
2. UNLG CANERC _____
3. DBA BTERHA _____
4. UANNPIOME _____
5. ERKSTO _____
6. ATEHR EIASSE _____
7. TOHOT LSSO _____
8. HETDA _____
9. STIGEEATRC _____
10. MASHTA KTCATA _____
11. GMU IDSSEEA _____
12. EATRH TAKCTA _____
13. ESNIYNOHETRP _____
14. NTAESCISO _____
15. IUTQ LAPN _____
16. EOINCTIN _____