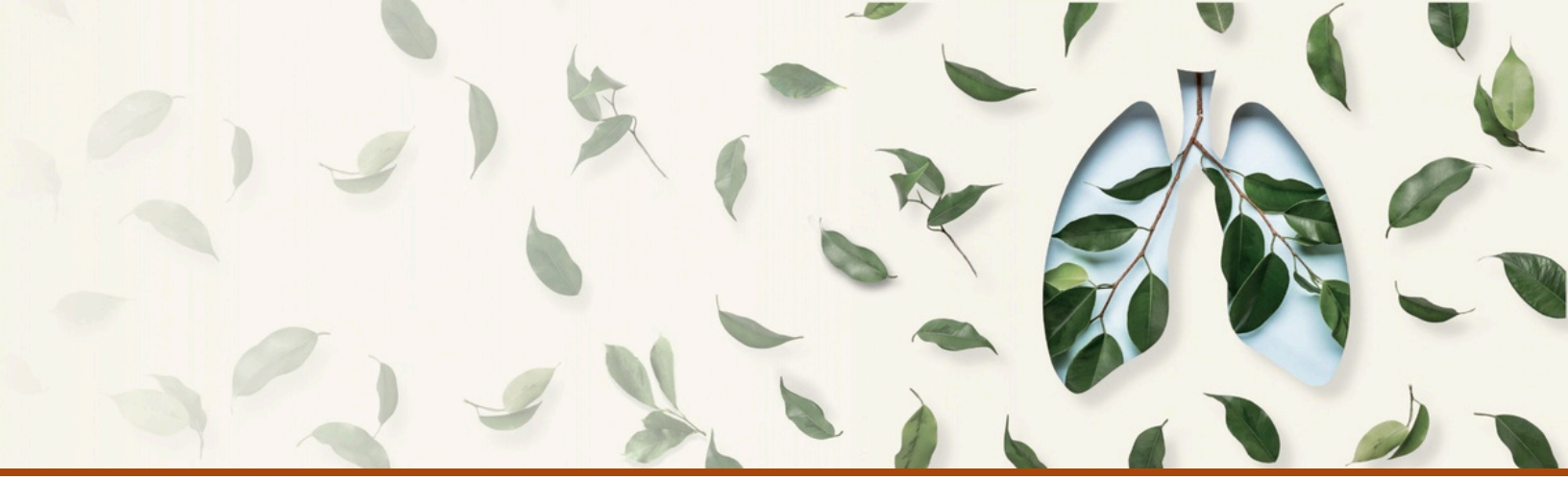


Clear the Air

Your path to a *nicotine-free* life

COMPANION JOURNAL

One fillable packet · a section for each of the six weeks,
plus your optional two-week Solo Run.

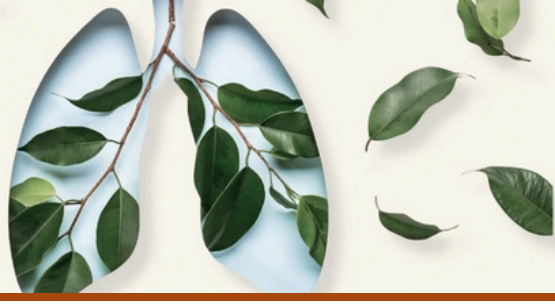
This journal is yours.

Your answers stay with you on your device — private, and never transmitted. Download it once, save it, and return whenever the course points you to a page.

This journal belongs to:

GETTING STARTED

Contents



Every page in this journal, by week. Your PDF reader also lets you jump straight to a page number.

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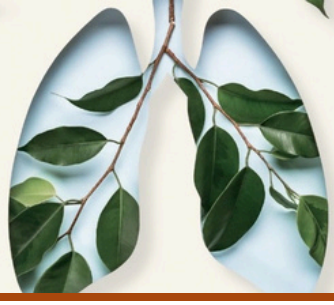
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GETTING STARTED

How to Use This Journal



This Companion Journal is your private workspace for the whole program. Each week's section holds the pages that week's module points you to — plus space for the fuller detail the course keeps out of the system, so it stays yours.

THE ESSENTIALS

- Download it once and save it to your device — later weeks simply point you back to a page in here.
- Type directly into the shaded fields. Your entries save with the file on your device.
- Every page prints cleanly — keep one on your fridge, in your wallet, or in your car.
- Your weekly check-in has a short in-course version for program reporting; the copy here is your private, fuller record.
- Tap any page header to jump back to the Contents.
- If anything feels off, the line at the bottom of every page — 1-800-QUIT-NOW — is free, confidential, and available in multiple languages.

WHAT'S INSIDE

Weeks 1–6

Weekly Check-In, Track Your Triggers, and a Weekly Reflection in every week

One-off tools

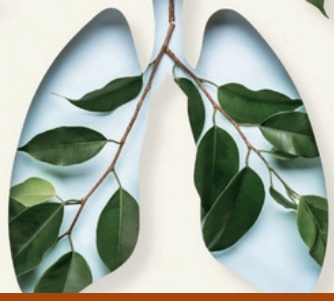
Baseline, reasons, affirmations, quit-date & provider planning, checklists, cravings log, relapse plan, and more

After the course

Your Solo Run check-ins (pp. 45–47) carry you through your first two weeks on your own

ALWAYS AVAILABLE

Support & Resources



Help is available any time — during the course and after it.

WHO TO CONTACT

1-800-QUIT-NOW

Free, confidential coaching in multiple languages, by phone, text, and chat.

988 Suicide & Crisis Lifeline
Call or text 988, any time, if you're struggling emotionally.

Your healthcare provider
For questions about cessation aids, medications, or symptoms. See When to reach out, below.

ONLINE RESOURCES

Tools — **Smokefree.gov** — free quit guides, tools, and text programs

Resources — The videos, articles, and tools referenced throughout the course are collected on the Clear the Air Resources page: https://inhealth4change.com/cta-resources/

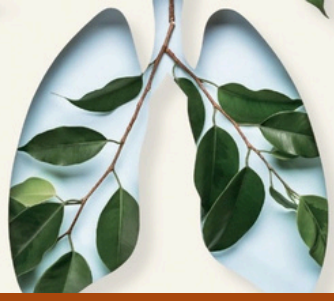
WHEN TO REACH OUT TO YOUR HEALTHCARE PROVIDER

- Sleep disturbance lasting more than 5–7 days
- Persistent low mood lasting more than 2 weeks, or thoughts of self-harm at any point (call or text 988, any time)
- Severe withdrawal symptoms that interfere meaningfully with your ability to function
- Symptoms that escalate steadily rather than peaking and fading

If you're using NRT or prescription medication and something feels off, that's also a reason to call. Your provider would rather hear from you than not.

Weekly Check-In

Your private copy — the fuller record



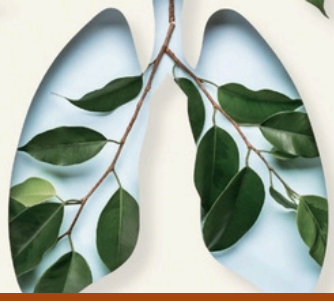
Optional this week—a baseline before weekly tracking begins

Weekly tracking begins in Week 2. Use this page now to note where you're starting, or skip ahead — there are no wrong answers.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

Capture Your Baseline



Where are you today? You'll answer these again after Week 6.

Take a moment with each question. At the end of the program you'll see these same questions again and can compare side by side (see the *Then & Now* page in Week 6).

What quit strategies have you tried in the past?

What do you find most challenging about quitting?

When do you tend to use nicotine most often?

What are your main reasons for wanting to quit?

YOUR READINESS SCORE (FROM LESSON 2)

The readiness check in Lesson 2 adds up your five answers and shows a score between 5 and 25. Copy your score here — you'll compare it against Week 6.

My total score (from the course):

What your score means

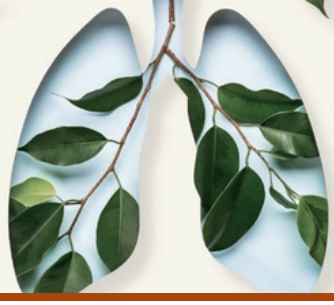
20–25 — You're showing **strong readiness**. With your determination, you're in a great place to start this journey.

15–19 — You're **on the right path**. Think about areas where you feel less confident and keep focusing on what's motivating you.

Below 15 — Consider **exploring your motivations further** to build your confidence. You're taking an important first step by reflecting on your reasons.

WEEK 1 — BUILDING YOUR FOUNDATION

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

Most urges are tied to a trigger. Logging them makes the pattern visible — and a plan built around your real triggers works far better than generic advice.

Time	Situation	Emotion	Intensity					Category
			1	2	3	4	5	
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			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

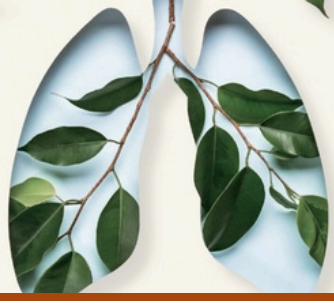
Emotion — how you were feeling (e.g., stressed, bored, happy)

Intensity — how strong the urge was, from 1 (mild) to 5 (very strong)

Category — which type of trigger it was:

- **Situational** — routines and activities, like coffee, meals, driving, or being with friends who use nicotine
- **Emotional** — feelings, like stress, boredom, anxiety, or even happiness
- **Environmental** — places or settings tied to nicotine use, like bars, social gatherings, or smoke-break spots

Quit Plan Starter List



A light first pass — fill it in as the weeks unfold

This is your plan in seed form. Some parts you'll decide later (approach and quit date come in Week 3) — jot what you know now and return as you go.

My approach (gradual or cold turkey) — you'll decide in Week 3

My target quit date — set in Week 3

My top triggers so far

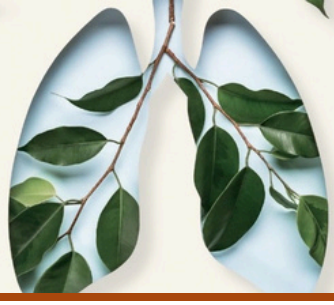
One support person I can name

One cessation aid to ask my provider about

The one reason that matters most to me

You'll build the full version of this plan in Week 3, and put it into action in Week 4.

Weekly Reflection



A moment to look back before the next week begins

THIS WEEK'S PROMPT

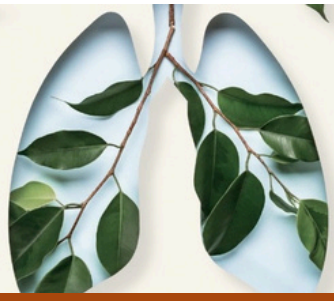
Looking back at this week's lessons on readiness and triggers, what's one situation you'd plan around first if your quit date were tomorrow?

Your reflection — this is your space; go as deep as you like:

WEEK 2 — WHY QUIT

Weekly Check-In

Your private copy — the fuller record



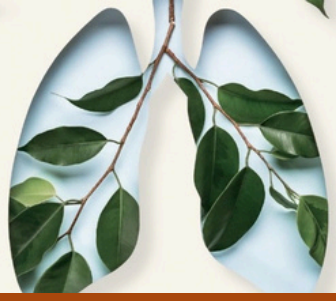
Five quick numbers, plus room for anything else you noticed this week.

Starting this week, you'll begin tracking your progress week by week. Five quick entries will help keep track of how things are changing over time. The first time takes a moment to get oriented; after that, it's just a few minutes each week.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

Most urges are tied to a trigger. Logging them makes the pattern visible — and a plan built around your real triggers works far better than generic advice.

Time	Situation	Emotion	Intensity					Category
			1	2	3	4	5	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

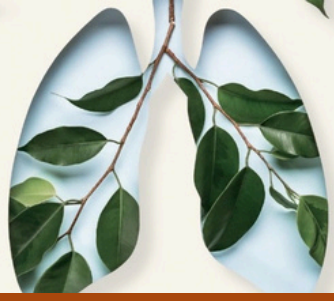
Emotion — how you were feeling (e.g., stressed, bored, happy)

Intensity — how strong the urge was, from 1 (mild) to 5 (very strong)

Category — which type of trigger it was:

- **Situational** — routines and activities, like coffee, meals, driving, or being with friends who use nicotine
- **Emotional** — feelings, like stress, boredom, anxiety, or even happiness
- **Environmental** — places or settings tied to nicotine use, like bars, social gatherings, or smoke-break spots

Your Reasons to Quit



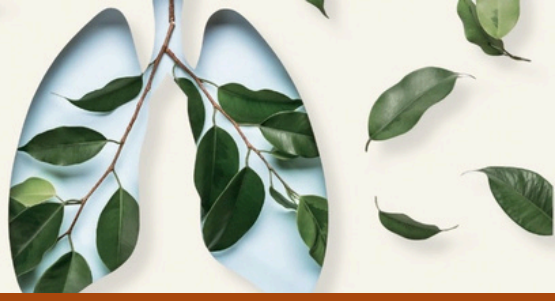
Rate each reason, add your own, and notice what matters most

When things get tough later, your reasons are what you'll reach for. Rate each one from 1 (a little) to 5 (a lot), then add your own.

Reason	How much it matters (1–5)
To protect my health — lowering my risk of lung cancer, heart disease, and other serious illness	
For my family's wellbeing — cleaner air and a healthier home	
To regain control — freeing myself from nicotine's hold	
For a fresher, cleaner me — no lingering smell or yellowed teeth	
To be a positive role model for people I love	
To honor my body and treat it with respect	
For more energy and fewer coughs	
To save money and reinvest it in things that bring me joy	

ADD YOUR OWN REASONS TO QUIT

Affirmations



Two short, present-tense statements of who you're becoming

Write them as if they're already true. Keep them somewhere visible — a mirror, your wallet, your phone wallpaper — and repeat them daily. (Week 6 brings you back here to revisit them.)

EXAMPLES

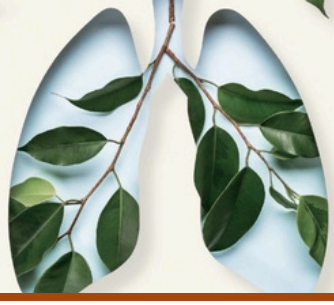
"I am building a stronger, healthier version of myself."

"I take care of myself, and that includes being nicotine-free."

My affirmation 1:

My affirmation 2:

Weekly Reflection



A moment to look back before the next week begins

THIS WEEK'S PROMPT

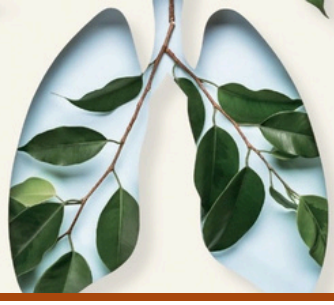
> ***Looking back at this week's lessons on health, financial, and emotional benefits, which feels most relevant to your daily life — and why does that one stand out?***

Your reflection — this is your space; go as deep as you like:

WEEK 3 — PREPARING TO QUIT

Weekly Check-In

Your private copy — the fuller record



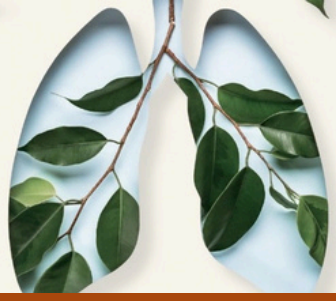
Five quick numbers, plus room for anything else you noticed this week.

Week 3 is about putting the pieces of your quit plan together — the choices, the dates, the people, and the aids that make it work. Before you get started, take a few minutes to look back at how the past 7 days have gone.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

Most urges are tied to a trigger. Logging them makes the pattern visible — and a plan built around your real triggers works far better than generic advice.

Time	Situation	Emotion	Intensity					Category
			1	2	3	4	5	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

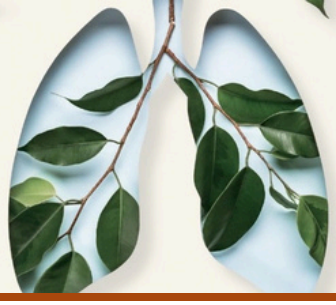
Emotion — how you were feeling (e.g., stressed, bored, happy)

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Category — which type of trigger it was:

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- **Emotional** — feelings, like stress, boredom, anxiety, or even happiness
- **Environmental** — places or settings tied to nicotine use, like bars, social gatherings, or smoke-break spots

Quit Date Planning



A quit date converts intention into commitment. Choose a date, note why, and picture the first day.

My quit date:

My approach:

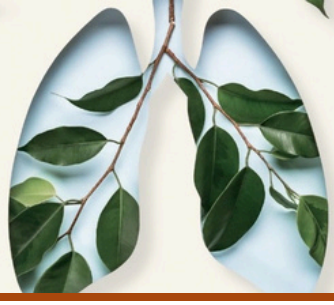
Why this date is meaningful to me (or simply, "I commit to this date"):

How I'll spend my first nicotine-free 24 hours (sketch it hour by hour, if you can):

Support people I'll alert in advance:

My Full Quit Plan

The pieces, assembled—carry this into Week 4



Everything you've decided, in one place. Update it as things firm up — this is the plan you'll act on next week.

My approach:

My quit date:

My top triggers & how I'll plan around them:

My support people (personal + professional):

Cessation aids I'll discuss with my provider:

My two highest-risk moments & what I'll do instead:

How I'll reward my first nicotine-free day:

Healthcare Provider Conversation Guide



Bring this to your appointment — a clearer conversation makes a clearer plan

This page is for your own planning. It isn't medical advice — your provider is the right person to match any aid to your history, other medications, and quit plan.

My usage patterns — what, how often, how long:

Past quit attempts and what happened:

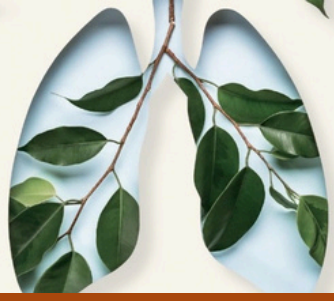
My chosen quit date:

Specific questions about NRT or prescription options:

WEEK 3 — PREPARING TO QUIT

Support Outreach Guide

Draft your first message to one person in your circle



Telling someone makes it real. Adapt one of these, or write your own — then send it to one person you trust.

SAMPLE MESSAGES TO ADAPT

"I've decided to quit nicotine, and it would mean a lot to me if you could help support me on this journey. Could we check in once a week?"

"I'm quitting nicotine. Could you avoid smoking or vaping around me and encourage me along the way?"

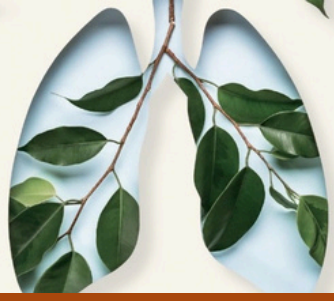
"I've decided to quit nicotine and would appreciate any advice or tips you might have to help me stay on track."

My first support message:

Who I'll send it to:

When:

Weekly Reflection



A moment to look back before the next week begins

THIS WEEK'S PROMPT

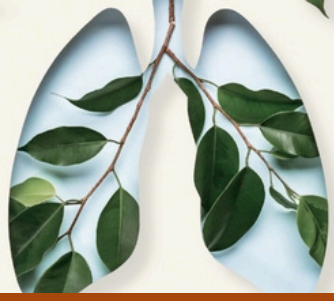
Based on what you learned about quit approaches, support systems, and NRT/Rx, what is one decision you're ready to make about your quit plan this week?

Your reflection — this is your space; go as deep as you like:

WEEK 4 — YOUR QUIT DAY & FIRST DAYS

Weekly Check-In

Your private copy — the fuller record



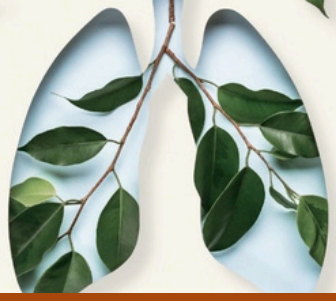
Five quick numbers, plus room for anything else you noticed this week.

Week 4 is your quit day week — the most significant moment of the program. Before the lessons, take a few minutes to look back at how the past 7 days have gone.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

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Time	Situation	Emotion	Intensity					Category
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			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	
			1	2	3	4	5	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

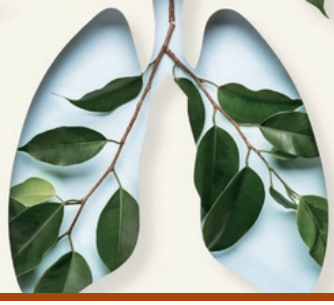
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Quit Day Checklist



Work through each item the day before Quit Day and check it off when it's done. Use the space to note the specifics — who you'll tell, what you'll stock, what your first morning hour looks like.

- [ ] Rid my environment of all nicotine products

- [ ] Tell the people who need to know

- [ ] Clean car and home of smoke smell

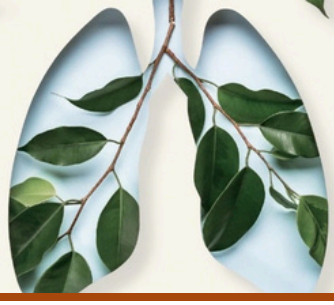
- [ ] Stock my alternatives (gum, water, fidget, veg)

- [ ] Confirm my NRT or Rx is ready, and I know how to start

- [ ] Plan my first morning hour, in detail

- [ ] Pre-plan my two highest-risk moments

Daily One-Line Journal



Before bed each day, write one line about your day.

Not sure what to say? Try one of these:

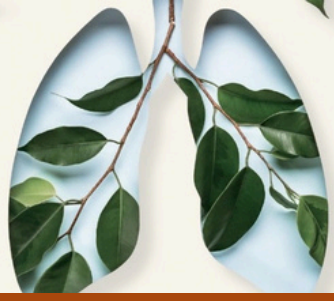
- The hardest moment, and how you got through it
- Something that helped
- A change you noticed — food tastes better, more energy, money saved
- Or simply "I did it."

Day	Date	Today's line
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

WEEK 4 — YOUR QUIT DAY & FIRST DAYS

First Week Symptom Guide

What the first week tends to feel like — and when to reach out



The first week has a shape. Knowing it won't make a hard moment easier, but it means you won't be surprised — and you'll know what you feel is normal, expected, and temporary.

Days 1–2 · Physical withdrawal peaks

This is when most people feel the strongest physical symptoms: irritability, low concentration, hunger, restlessness, sleep disruption. It's intense, but it's also when your motivation is freshest — your decision is right behind you, and the early energy carries you. The trick is to lean on your support network and your alternatives, not on willpower alone.

Days 3–5 · The trough

Many people describe this as the hardest stretch of the entire first week — and it's also when relapses are most common. The novelty of Day 1 has worn off. The long view ("I have to do this every day forever?") starts to feel overwhelming. Energy is lower. Mood can dip.

Days 6–7 · Stabilization begins

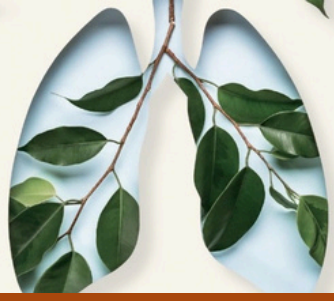
By the end of the first week, most people notice the curve start to bend. Sleep often improves. Mood begins to even out. Physical cravings start to space out — they still happen, but with longer gaps between them. You're not done, but you're past the steepest part of the climb.

WHEN TO REACH OUT TO YOUR HEALTHCARE PROVIDER

- Sleep disturbance lasting more than 5–7 days
- Persistent low mood lasting more than 2 weeks, or thoughts of self-harm at any point (call or text 988, any time)
- Severe withdrawal symptoms that interfere meaningfully with your ability to function
- Symptoms that escalate steadily rather than peaking and fading

If you're using NRT or prescription medication and something feels off, that's also a reason to call. Your provider would rather hear from you than not.

Weekly Reflection



A moment to look back before the next week begins

THIS WEEK'S PROMPT

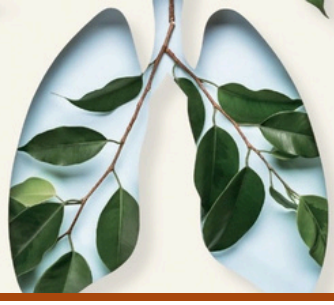
> ***From your Day-Before checklist, which item feels most important to prepare in advance — and what's stopping you from doing it today?***

Your reflection — this is your space; go as deep as you like:

WEEK 5 — COPING WITH CRAVINGS

Weekly Check-In

Your private copy — the fuller record



Five quick numbers, plus room for anything else you noticed this week.

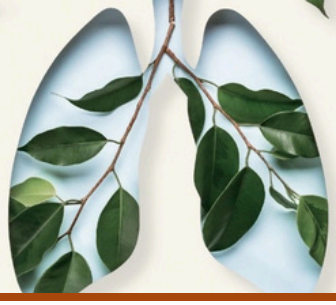
Week 5 is about coping — building the toolkit you'll use to handle cravings, withdrawal, and the body changes that come with quitting. Before the lessons, take a few minutes to look back at how the past 7 days have gone.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

WEEK 5 — COPING WITH CRAVINGS

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

Most urges are tied to a trigger. Logging them makes the pattern visible — and a plan built around your real triggers works far better than generic advice.

Time	Situation	Emotion	Intensity					Category
			1	2	3	4	5	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

Emotion — how you were feeling (e.g., stressed, bored, happy)

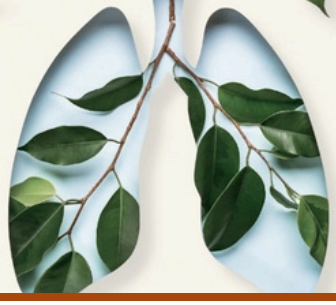
Intensity — how strong the urge was, from 1 (mild) to 5 (very strong)

Category — which type of trigger it was:

- **Situational** — routines and activities, like coffee, meals, driving, or being with friends who use nicotine
- **Emotional** — feelings, like stress, boredom, anxiety, or even happiness
- **Environmental** — places or settings tied to nicotine use, like bars, social gatherings, or smoke-break spots

Concrete Tactics

Quick Reference



Print for your wallet, fridge, or car

THE FOUR DS

Deep Breathing
slow, deliberate breaths to reset your nervous system

Drink Water
sip slowly; it occupies your hands and mouth

Do Something Else
shift attention to any activity — a walk, a chore, a task

Delay
wait 5 minutes before acting; most cravings pass in that window

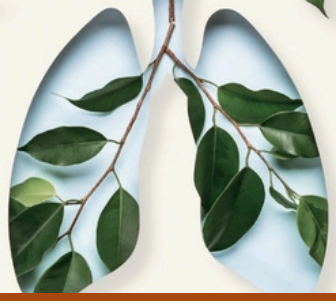
GUIDED DEEP BREATHING

- Breathe in slowly through your nose — count of 4
- Hold gently — count of 4
- Breathe out slowly through your mouth — count of 6
- Repeat 4 or 5 times

MY TOP 3 TACTICS (THE ONES THAT PULL ME THROUGH)

1.
2.
3.

Log Your Cravings



A wave crests, then falls — track yours and see the pattern.

Note each craving as it happens. After a few days you'll see when they're strongest and which tactics pull you through.

Time	Intensity	Coping tactic used	Passed?
	1 2 3 4 5		
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
	○ ○ ○ ○ ○		☐
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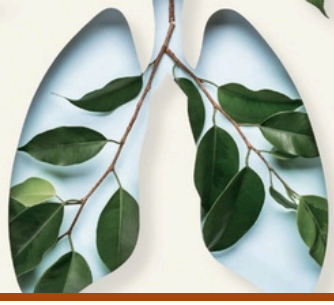
How to fill this in

Intensity — how strong the craving was, from 1 (mild) to 5 (very strong)

Coping tactic used — what you did instead. Try one of the Four Ds: Deep breathing, Drink water, Do something else, or Delay (wait 5 minutes). See Concrete Tactics on p. 30 for more.

Passed? — check it once the craving fades without nicotine

Daily Routines Worksheet



Find the moments where a small change helps most

Map a typical day, then mark two or three moments where a small adjustment supports both cravings and steady energy.

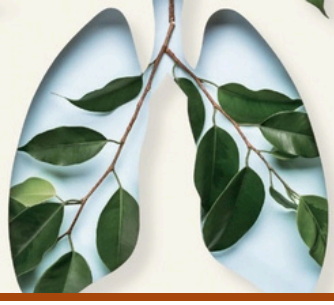
My typical day, start to finish:

Adjustment moment 1 — what I'll change:

Adjustment moment 2 — what I'll change:

Adjustment moment 3 — what I'll change:

Weekly Reflection



A moment to look back before the next week begins

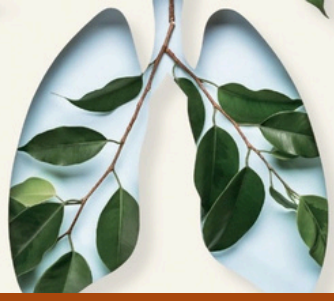
THIS WEEK'S PROMPT

> ***Looking back at this week's cravings log, which coping strategy worked best? What made it work?***

Your reflection — this is your space; go as deep as you like:

Weekly Check-In

Your private copy — the fuller record



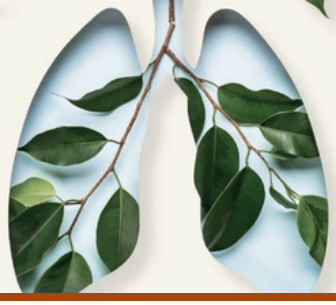
Five quick numbers, plus room for anything else you noticed this week.

Week 6 brings the structured part of the program to a close — and sets up the longer road that follows. You've moved through the hardest stretches; this week is about turning what you've practiced into habits and building a plan for the months ahead. Before the lessons, take a few minutes to look back at how the past 7 days have gone.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

Notes & observations — additional triggers, wins, anything you want to keep:

Track Your Triggers



Catch the urge as it happens — time, place, feeling, strength.

Most urges are tied to a trigger. Logging them makes the pattern visible — and a plan built around your real triggers works far better than generic advice.

Time	Situation	Emotion	Intensity					Category
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			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	
			○	○	○	○	○	

How to fill this in

Time — when the urge hit (e.g., 7:30 a.m.)

Situation — what you were doing (e.g., after eating, driving, on a break)

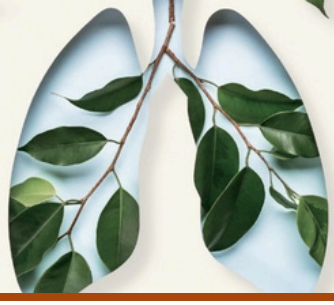
Emotion — how you were feeling (e.g., stressed, bored, happy)

Intensity — how strong the urge was, from 1 (mild) to 5 (very strong)

Category — which type of trigger it was:

- **Situational** — routines and activities, like coffee, meals, driving, or being with friends who use nicotine
- **Emotional** — feelings, like stress, boredom, anxiety, or even happiness
- **Environmental** — places or settings tied to nicotine use, like bars, social gatherings, or smoke-break spots

Weekly Goal Tracker



One small, specific, trackable goal

The most useful goals are small and specific. "Walk 15 minutes a day" beats "be healthier" — because at week's end, you'll know whether you did it.

My goal for this week:

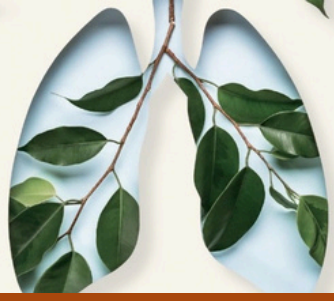
Check off each day you meet your goal:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
☐	☐	☐	☐	☐	☐	☐

End-of-week review — what worked, what I'd change:

Hobby Brainstorm

Fill the space nicotine used to occupy



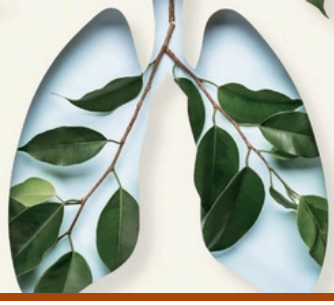
List what interests you — **Outdoor** (hiking, gardening, walking), **Creative** (drawing, writing, photography), **Physical** (yoga, strength, dance), **Social** (game nights, volunteering, classes), **Quiet** (reading, puzzles, music).

Make a list — every activity that catches your interest:

Pick one to try first this week:

After you've tried it — how did it feel? Would you do it again?

Revisit Your Affirmations



You wrote two affirmations in **Week 2**. Read them again. They probably still hold — but if anything's shifted in the weeks since, adjust them here, then put them somewhere visible. Affirmations work because they're repeated.

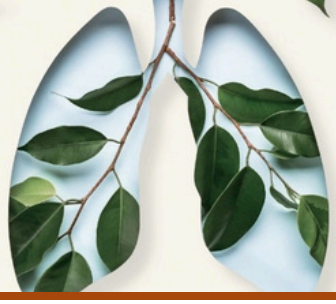
Your originals are on the Affirmations page in Week 2 (p. 13). Write your updated versions here — or copy them over as-is if they still fit.

My affirmation 1 (updated):

My affirmation 2 (updated):

Relapse Prevention Plan

Rehearse your responses for the moments you expect to be hardest



A relapse isn't a failure — it's information.

Work through three scenarios in advance. Writing specific responses down makes them ready when you need them. Print it and keep it where you'll see it.

Social gatherings — A party where friends are smoking or vaping

What I'll say/do

My exit/backup + who I'll call

Stressful moments — A hard day at work or a difficult conversation

What I'll say/do

My exit/backup + who I'll call

Unexpected triggers — A craving showing up out of nowhere

What I'll say/do

My exit/backup + who I'll call

MY TOP 3 HIGH-RISK SITUATIONS — AND MY GO-TO RESPONSE

1. ➡
2. ➡
3. ➡

MY SUPPORT CONTACTS

1.
2.
3.

Milestone Rewards Planner



Plan how you'll honor each marker

Celebrating progress matters more than people expect — the brain's reward system needs new signals to replace the old ones.

— SHORT-TERM

1 week nicotine-free:

1 month:

3 months:

— LONG-TERM

6 months:

1 year:

Each milestone is also data — proof the new pattern is holding. Notice it. Honor it.

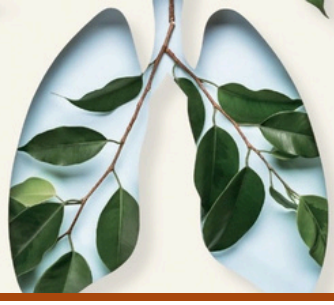
Ideas to get you started

Short-term — a favorite meal, a movie night, a new book, coffee or a call with someone who's supported you, a small treat paid for with money you didn't spend on nicotine

Long-term — a weekend away, tickets to a show or game, a class or new experience, a bigger purchase funded by your savings, a celebration with the people who helped you get here

My Journey So Far

Look back at what's changed



Six weeks ago you were thinking about quitting. Take a moment to name what's different.

What challenges have you overcome?

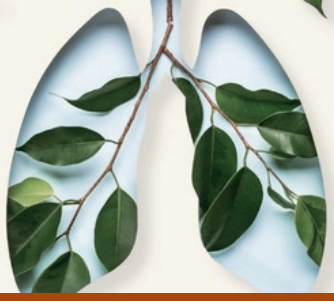
How have your habits and mindset changed since you started?

What have you learned about yourself through this process?

What's one thing you'd tell yourself six weeks ago, knowing what you know now?

Habit Tracker

A reusable weekly grid — keep it going after the course

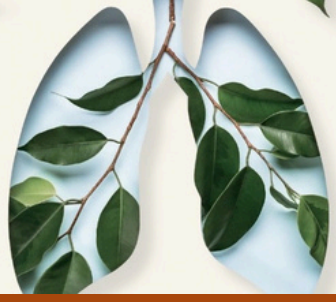


List the habits you're building, then check each day you do them. Reprint a fresh copy each week.

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Habits to try — nicotine-free today · drink water instead of reaching for nicotine · 15-minute walk · 5 minutes of deep breathing · repeat my affirmations · a serving of fruit or vegetables · time on my new hobby

Then & Now
Baseline Revisited



Compare with where you started in Week 1

These are your Week 1 baseline questions. Answer them again and see how far you've come. (Flip back to Capture Your Baseline in Week 1 to compare.)

Biggest challenge about quitting

Week 1 (copy from your baseline)

Now — Week 6

When I use nicotine most

Week 1 (copy from your baseline)

Now — Week 6

My main reasons for quitting

Week 1 (copy from your baseline)

Now — Week 6

Readiness Score — Week 1: **Week 6:**

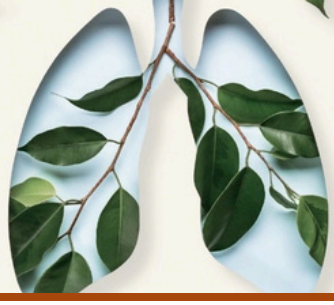
What your Week 6 score means

20–25 — You're on **strong footing**. You've built a solid foundation — keep using the tools that are working for you.

15–19 — You're **building momentum**. Look at the statements you scored lower, and lean on your Relapse Prevention Plan and support people in those areas.

Below 15 — **Keep going, with support.** Wherever you are right now, this isn't the end of the road. Revisit Weeks 5 and 6, and consider calling 1-800-QUIT-NOW or talking with your provider.

Weekly Reflection

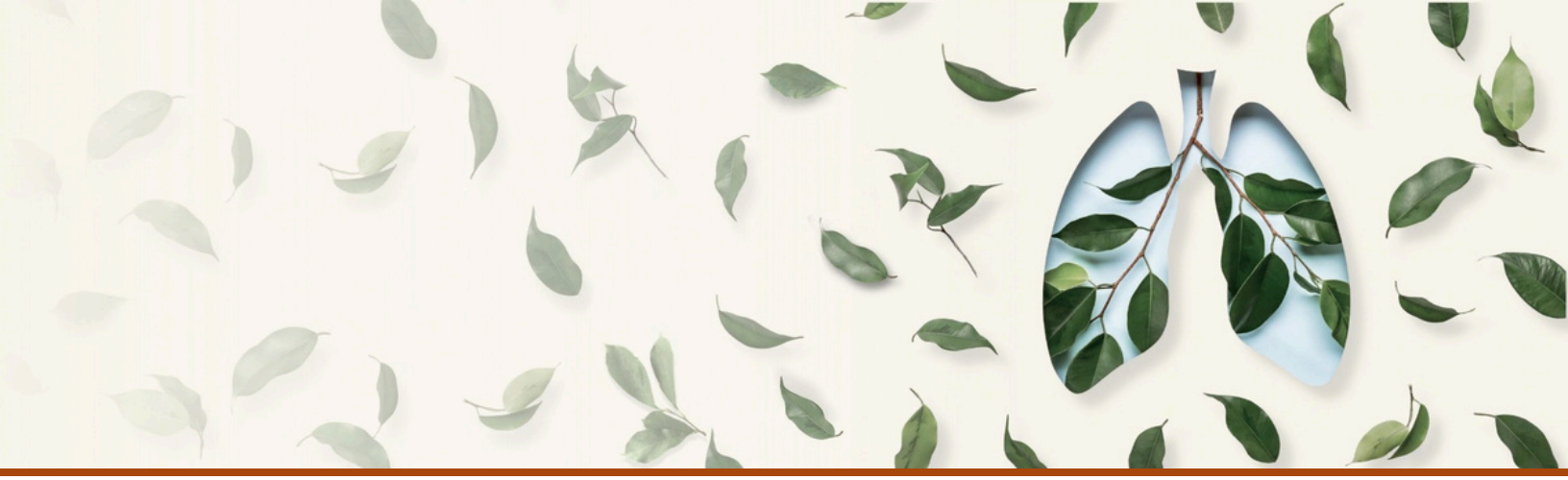


A moment to look back before the next week begins

THIS WEEK'S PROMPT

What is one habit from this course you plan to keep practicing, and how will you keep it visible to yourself day-to-day?

Your reflection — this is your space; go as deep as you like:



Clear the Air

Your path to a *nicotine-free* life

YOUR SOLO RUN

Your next two weeks — self-led

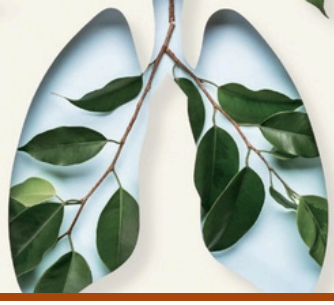
Your course is done. The work isn't. The first two weeks after a structured program are when most people quietly drift: the weekly prompts stop, and old patterns find a foothold. Two more weeks of tracking can be the difference between keeping your progress and slipping back.

How it works

At the end of Week 7 and Week 8, take two minutes to fill in your Weekly Check-In (pp. 46–47): the same five numbers you've tracked all along, plus a short reflection. We'll email you a quick check-in question at the end of each week as a reminder.

SOLO RUN — WEEK 7

Weekly Check-In



Five quick numbers, plus room for anything else you noticed this week.

Your first week on your own. Take two minutes at the end of the week to fill this in — it keeps your progress visible.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

REFLECTIONS

What went well this week?

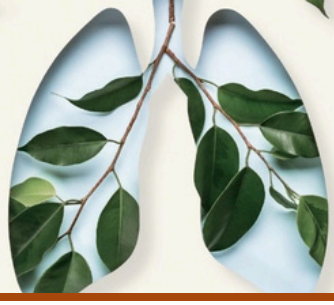
The hardest moment — and what triggered it:

One thing I'll carry into next week:

Notes & observations — additional triggers, wins, anything you want to keep:

SOLO RUN — WEEK 8

Weekly Check-In



Five quick numbers, plus room for anything else you noticed this week.

Your second week on your own — the last Solo Run check-in.

This week	Your entry
Cigarettes or vape products used, past 7 days (packs or cartridges)	
Number of nicotine-free days	
Days you exercised at least 20 minutes	
Total servings of vegetables and fruit	
One trigger you noticed this week (a word or short phrase)	

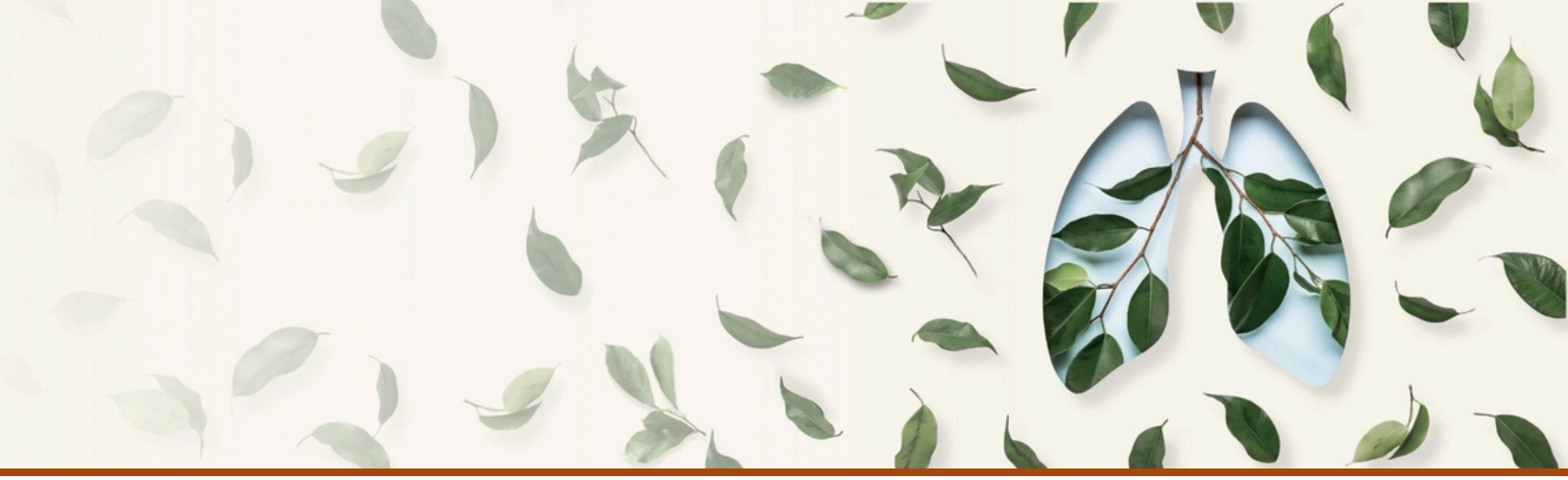
REFLECTIONS

What went well this week?

The hardest moment — and what triggered it:

One thing I'll keep doing from here:

Notes & observations — additional triggers, wins, anything you want to keep:



Clear the Air

Your path to a *nicotine-free* life

KEEP GOING!

You've finished the course and your Solo Run. What you built doesn't expire.

- Keep using your Habit Tracker (p. 42) and Relapse Prevention Plan (p. 39).
- Celebrate your milestones (p. 40). One month and three months are coming up.
- If cravings come back or anything feels off, see Support & Resources (p. 4), call 1-800-QUIT-NOW, or contact your healthcare provider.
- Clear the Air Resources page: https://inhealth4change.com/cta-resources/