



**LivingSmart – Coaching for Quality of Life through  
Lifestyle Improvement**

**Telephone Scripts for Virtual Intervention**

2020-2021

**Day One – For virtual intervention**

**ENROLLMENT INTERVIEW**

*[Presumably, an appointment was made from referral or inquiry for this contact and greetings have been shared.]*

We are so happy that you have taken the first step into restoration of your health! You will be ever thankful that you have courageously done so.

The time we spend together now is intended to lay a solid foundation for modeling a coaching program suited to your needs physically and emotionally.

In order to get the big picture of your tobacco-using practices we will begin with an assessment. Let's look at your results in taking the **TCAT**.

[Or, if have not taken it yet, Please respond to the following questions thoughtfully and honestly.]

**ASSESSMENT Questions (TCAT)** are asked with sensitivity . . .

They are provided on the website, [www.LivingSmart.Live](http://www.LivingSmart.Live), for participants to complete prior to this call.

.....

Now, let's summarize what we have learned . . . I say "we" because we often learn more about ourselves when we verbalize our behavior, our likes and dislikes, our hopes and our fears, our concerns and our discoveries. (Refer to TCAT results).

RESPONSE:

Review: Tobacco Hx, Nicotine Dependency Scores (2), Reasons for Smoking, Readiness, Confidence Level, Concept of Power, Perceived Stress Level, Social Support.

(Discuss results . . .)

(Possible Response . . .)

What you describe is relatively common/unique to tobacco users who are addicted to nicotine. (Explain why) I am confident that, if you determine to follow this program of intervention, you will be successful. When you begin to recognize the improvements to your health as we progress through it, you will be overjoyed!

You will hear some of these assessment questions again during each phone call with you. They are a means of measuring your progress and will guide your coach in addressing your needs and providing the encouragement you crave.

Now I will explain the process of engagement with the CMATCH program, so that you may understand the commitment both you and we are making for your recovery to health.

The coaches of the CMATCH program are health professionals who have been trained for this role. They are your resource for wholistic promotion of your health through behavior change. Any medical or self-care advice you otherwise desire should be obtained from your personal physician or nurse practitioner.

However, we want to keep your health provider informed of your progress so that they can also support you. Therefore, we ask you for permission to do so. We will include a consent form in the packet of written materials we send out to you today. It must be signed and returned within 10 days. Let us know if you do not receive it. A copy will be sent to your provider.

## DECIDING

At this point I would like to give you some insight of how you will decide each day to not use tobacco and about how you decide to get started for this adventure.

You make important decisions every day—in your job, for your family, personally. Scientists are learning (as a result of advanced technology in brain imaging) that decisions arise from patterns of our behavior coupled with emotions that surround them. Briefly, here is how it works:

Let's say you are 9 years old and every Sunday afternoon your dad takes you to an amusement park where you enjoy the rides. But there is one particular activity you especially enjoy—eating buttery popcorn while watching a movie about space travel. In fact, as soon as you enter the park gate your mouth begins to water for the popcorn. But you and Dad have a ritual of riding the roller coaster first.

Your brain has just released *dopamine*, a chemical that regulates your emotions by sending nerve impulses throughout your brain's cortex (the outer portion under your skull). Because repeated trips to the park and the regular routine of activities laid down a pattern of nerve impulses, certain remembering cells reading that pattern alerted your whole brain and familiar emotions swept through your body, making you imagine the taste of the popcorn. Just expecting it brought pleasure.

Now translate that scenario into what you have experienced with using tobacco. Nicotine has elicited pleasure using the same dopamine and patterns of familiar smoking/chewing culture are formed.

We are going to work with you to create new and better patterns around and away from the nicotine road. It will take alertness, smart thinking, confrontation/engagement with the enemy, a persistent desire for a better quality of life, and willingness to try new ways.

Your coach will be your guide. Your decision to participate in this assessment and orientation session was probably difficult to make—it was based on what you already know and motivation to act. I congratulate you for your courage!

The next decision you must make to begin this program is your quit day – at least 3 days from now. While you are considering that, I will give you an overview of your experience with us for the next 18 months.

## OVERVIEW OF CMATCH PROTOCOL

Telephone-based: The phone calls you receive from your coach are specifically scheduled in our program. We call out to you; you do not call in episodically for help. Coaching calls are made on:

3 days before you quit

1 day before you quit

Quit Day

Days 2 through 14 (Graduation Day); then Day 21 and Day 28. Then spaced out at 2 months, 3 months, 6 months, 12 months, and 18 months.

To guide you daily at home, you have available to you the **Taking Control** kit. You may view the videos or listen to the podcasts on the website. There are booklet guides to download also. Do you have good access to a computer? A printer?

(Response . . .)

As you can see, it is important to organize your preparations for engagement in this adventure. The **Taking Control** program gives instructions for preparations and daily quitting strategies for 2 weeks. It is very important that you examine **Taking Control** today and read/listen to the preparation instructions in Day One. At the time you set your Quit Day for tobacco use, this coaching service can begin.

At the end of each call, your coach will arrange with you the time for the next call. It is extremely important that you keep those appointments. If you must make a change, send us an email at least 1 day before the appointment time and offer an alternative time.

So . . . Your Quit Day is \_\_\_\_\_?

## Are You Ready?

**Confidence Scale** (Use **Highlight** Tool)

1. I feel sure that I am able to quit smoking as planned.      1      2      3      4      5  
DisAgree      Not Sure      Agree

## Rx AIDS

You may wish to use over-the-counter cessation aids or an Rx from your health provider during this program. You may discuss that with your coach and your primary care provider.

Are there any questions?

I am excited for you today! I have immense hope for your success.

Closure . . .

**Quit Day Minus One (the day before quit day)**

GREETING .....

This is \_\_\_\_\_ from \_\_\_\_\_, calling to assist you in your program to quit smoking. This is the first of a series of strategically-scheduled phone conversations we will have.

**Affect:** How are you today (this morning, this evening)?

Periodically your coach will refer to these questions through the months we work together as a way to measure your progress.

In your enrollment interview you indicated you are ready to learn how to quit with **Taking Control** and this CMATCH method. Is that right?

Review the **TCAT Summary** . . .

Have you examined **Taking Control** yet?  
Do you have a sense of its format?  
Have you begun listening to and reading the instructions?  
Do you foresee any problems?

As you have indicated to us, tomorrow is to be your Day to Quit Smoking/using tobacco. How are your plans progressing for that?

**Activity:**

Let's go over the checklist and see if you are prepared to begin:

- Have self-speak arguments against doubt and weakness ready – Such as . . .
- Identified difficult situations and tactical plan in place
- Support system established
- Fluid and nutritional supplies in place
- Relaxation retreat strategies in place
- Visual reminders of smoking removed from usual and favorite areas of activity
- Positive notes of encouragement posted
- Sequential rewards for little victories arranged
- Physical activity regimen scheduled
- Other important decision-making or public presentations scheduled no sooner than 2 weeks from now
- Spiritual strategies planned

*[If it is obvious the client is not yet ready to quit, arrange another telephone appointment within a week.]*

I have a few questions to ask you which will help me as a coach to guide you in reaching your goal of freedom from nicotine addiction.

**Learning Style** *Highlight any traits that characterize client . . .*

CS 1. I am practical like structure steady organized  
predictable efficient reliable  
(CS = concrete sequential thinker/learner)

AS 2. I am a reflective thinker studious  
idea maker have to know the facts first  
(AS = abstract sequential thinker/learner)

AR 3. I am emotional, people-oriented  
love the humanities, love a comfortable environment  
I "go with the flow" sensitive  
(AR = abstract random thinker/learner)

CR 4. I love to explore love change a creative problem-solver  
a risk-taker inventor prefer to know only what's necessary  
(CR = concrete random thinker/learner)

A/V/K 5. I learn best by  listening  seeing, reading  touch

6. I prefer to receive feedback on my progress:

frequently  soon  occasionally  seldom  never

**Review Questions:**

**Attitude:** Tell me how important to you quitting smoking is . . .

Name 3 Benefits you expect to experience after quitting:

1)

2)

3)

Where is your strength going to come from?

Who are you going to call on for encouragement and help? \_\_\_\_\_

Phone: \_\_\_\_\_

What time do you want me to call you tomorrow? Be near the phone. Bye

Refer to this chart for additional motivation strategies to insert in the conversation.

<b>Contemplative</b>		
Smoking, but motivated to quit sometime; if hesitant, apply these strategies.		
<b>Behavior Strategies</b>	<b>Chemical Dependence</b>	<b>Coaching/Relapse Prevention</b>
List harmful effects of tobacco use; list own health problems	Identify self-management weaknesses and the consequences	Seek help from a counselor (you)to set quit date, learn how
List all triggers that stimulate the urge to use tobacco	Consider alternative actions	Develop a strategic plan; enroll in cessation program
List coping skills/ identify new ones	Identify fears about control & deprivation	Attend individual/group education sessions; join a support group
Plan for a wholistic lifestyle program	Recognize that life has centered around use of tobacco	Now you will be a new person--healthier
Identify reasons for quitting; cost-benefit analysis	Clarify values and the role smoking played Acknowledge that will power is inadequate	Introduce/Encourage seeking the Heavenly PowerSource; Offer hope.
Observe non-smokers as models	Declare willingness to change	
<b>Action &amp; Preparation</b>		
Select quit date; follow cessation plan	Accept need for recovery, assistance. Engage in active cessation effort.	Coach according to plan; offer social support structure solutions
Change lifestyle behaviors to enhance health; clean up environment	Be accountable to coach and supporters Maintain contact; keep appointments	Require accountability. Be pro-active to offer strategies to avoid lapses
Reduce risks to lapse: triggers, stress, influence of others, fears	Be prepared for the unexpected with alternative strategies to prevent lapse	Diligently reinforce learning

**Quit Day**

GREETING .....

This is \_\_\_\_\_ from \_\_\_\_\_, calling to give you encouragement as we arranged yesterday.

How are you today?

If I could be a little spider on your wall today, what would I see? Tell me how things are going...

Now tell me about 2 positive/encouraging events that have happened today .....

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**?

Are you using a pharmaceutical aid? If so, describe it and how you are using it?

Remember, it is normal to:

- desire that lethal little package of weeds
- focus your thoughts on what you think you are missing
- feel short-tempered and nervous, anxious, frustrated, a little unfocused
- feel disgusted about your behavior
- be distracted

**Confidence Scale** (Use **Highlight** Tool)

1. I feel sure that I am able to quit smoking as planned.	1	2	3	4	5
	DisAgree		Not Sure		Agree

If 3 or less: "What can we do to raise that score?"

Let's review again your major strategies for today .....

*Food and Fluid intake*

*Physical activity*

*Environmental protection*

*Social cautions*

*Acceptance of help/encouragement*

*Optional Pharmaceutical aids*

*Mindset*

*Social support resources*

**Introduce Spiritual Component**

1. Do you have a spiritual belief system that frames your life?  
Discuss what it is . . .



If not, ask: Do you believe there is an all-powerful God in heaven?

If not, ask: Would you like to learn about Him?

If "Yes," state: God, who created this earth and everything on it, is interested in you. In fact, He is able to help you gain victory over nicotine addiction.

Would you like to learn more about the Creator God? (Send \_\_\_\_\_, or direct to [www.amazingfacts.org](http://www.amazingfacts.org) or [www.iiv.org](http://www.iiv.org) .

If "yes" to a spiritual belief system, ask:

1. What word or image best describes God to you?

2. Do you have a relationship with God?  Yes  No (Use Highlight Tool)

If "Yes", ask: Has your relationship with God been helpful to you in the past when you have gone through difficult times?  Usually  Somewhat  Never

3. How do you presently feel about your relationship with God?

Good  Somewhat feel good  Not pleased with it  Seldom think about it

4. Would you like to know Him better?  Yes  No

We coaches like to pray with our clients for their success over nicotine addiction. Would you like me to pray with you at the close of each call?

Yes  No

[If they indicate an interest/need to talk with a spiritual counselor, in any of the following conversations offer that referral.]

### Closure

You may have recognized there is a pattern to the way we hold our conversation with you. We are framing our questions on 5 dimensions of behavior change: Affect (your tone of voice and the interest we perceive), Attitude, Activities, Aspirations, and Accomplishments.

Focus on your Goal. . . . the Benefits to you/your family . . . your Commitment

- Imagine the new pathway of neurons being laid down in your brain.
- Conjure up a positive, pleasant attitude. Wear a smile.
- Plan and do a good deed for someone in need of you.

Any questions?

When would you like for me to call you tomorrow to continue support?

Prayer:                      Until then . . .

## Day 2 - Day After Quit Day

GREETING . . .

This is \_\_\_\_\_ from \_\_\_\_\_ calling to encourage you as we arranged yesterday.

How is your courage today? Tell me how the day has been going . . .

**SCALE: Profile of Mood** (Call up pdf document) (Days -1, 14, 28, 6 months, 1 year)

Since I talked with you yesterday, have you had an urge to smoke?  Yes  No

How many urges? (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device?  Yes  No

### LAPSE - 1

#### For “lapsers”

That is not unusual; you have not relapsed. In fact, you will not “relapse” until you smoke regularly again. This may be a pattern of your previous quit attempts, but you can learn something from this event and that is why I am calling you often to support your quitting efforts.

Were you overly optimistic? Were you over-confident?

Remember *dopamine*? Perhaps you will want to call him “dope of mine” in this case (!) He only needs a change in his work design and you need to help him do it. In fact, you are the only one who can!

Next time you recognize that he has “spilled the beans”—alerted your brain to expect another dose of nicotine, hold off for 5 minutes. Instead during that 5 minutes do something nice for yourself. Go for a walk, make a smoothie, call a friend. When dopamine realizes the expected nicotine is not forthcoming, the level will drop and your brain cells will scramble to calculate the error—what went wrong. Then they will create an alternate pattern. The old pattern will be archived. But don’t allow dopamine to send for it again! You will win the victory!

**When in your lifetime before have you made up your mind to do something and actually did it?**

**Has there been another habit that you quit?**

**Has there been a change in a job or relationship?**

**What did you do that worked?**

**What did you do to prepare for that change?**

**Tell me a little about how you succeeded in making that change . . . Obstacles that you overcame.**

**What did that mean to you about your ability?**

Now, if you continue to have the desire to quit you had 2 days ago, we can go on with your program by taking inventory and revising your day-to-day strategies. Do you want to spend some time in doing that?

Good, then let's continue.

(Review leading events toward lapse; lead client to alter countering strategies; avoid cues; bolster with proper use of pharmaceutical aid or social support, discuss prayer and meditation.)

How are others around you reacting to your abstinence from tobacco? What do they say?

Are you experiencing any discouragement from anyone? (If Yes) Would you like to talk about it? (If Yes, continue with introduction to Couple-Focus Dimension with . . .

#### ASSESSMENT FOR SABOTAGE

1. If you feel someone close to you is hindering your quitting efforts, in what way is this happening?
2. Is this individual (or those individuals) also a smoker?
3. Have you discussed your quitting program with them? (If No) May I suggest how to do that?
4. If a smoker, is he/she) thinking about quitting? (If Yes) Would this individual be willing to join us for (a) education about the program, (b) help in quitting also? May I send information about CMATCH to that individual?  
(If has discussed) Will you invite him/her to a conference call with us?
5. (If individual is resistant to change and uncooperative in participants quitting efforts, advise regarding coping, building personal strengths, avoidance strategies; re-frame goals and objectives.)

Offer prayer.

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#### **For compliant participants**

You have done well! Congratulations!

Reward yourself tonight with a simple thing.

What do you have planned as a reward for the end of this week?

Hold that thought.

Name at least one thing you did or thought in the last 24 hours that helped you to stay off tobacco.....

Continue with your strategic plan.

Would you like to join me in a prayer of thanksgiving?

As you are learning in your daily messages from Taking Control, having the support of a friend or family

member for a partner is very important to your success.

Getting your co-workers on your side is too.

It is a public commitment on your part that should strengthen your resolve.

I will call you tomorrow. What time? \_\_\_\_\_ Offer prayer . . . Until then .....

**Day Three**

GREETING .....

This is \_\_\_\_\_ from \_\_\_\_\_ with your encouraging support call.

How are you today?

If I could be that spider on the wall today, what would I see there?

Since I talked with you yesterday, have you had an urge to smoke?  Yes  No  
How many urges? (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device?  Yes  No

**LAPSE - 2**

**For “lapsers”**

As I mentioned in the previous call, this may be a pattern of your previous quit attempts, but you can learn something from this event and that is why I am calling you often to support your quitting efforts.

Now, if you continue to have the desire to quit you had 4 days ago, we can go on with your program by taking inventory and revising your day-to-day strategies. Do you want to spend some time in doing that?

Good, then let’s continue.

(Review leading events toward lapse; lead client to alter countering strategies; avoid cues; bolster with proper use of pharmaceutical aid or social support, discuss prayer and meditation.)

In order to give you the best advantage in coaching, if you lapse before the next call, we will require you to return to the status of Quit Day, essentially starting over.

Let’s Review your Reasons to Quit (get out your Taking Control Workbook) . . .

Let’s also review the Benefits you have marked that you desire . . .

**Depression Assessment (Beck Depression Tool) For All (Spreadsheet available)**

I am going to ask you some questions related to your mood. I will ask them again in 3 months, 6 months, and 1 year. If we, together, are doing the job right, we should see improvements in the future.

- |    |  |        |
|----|--|--------|
| 1. | I am not particularly discouraged about the future.      | 1 pt.  |
|    | I feel discouraged about the future.                     |        |
|    | 2 pts.   |        |
|    | I feel I have nothing to look forward to.                | 3 pts. |
|    | I feel the future is hopeless and things cannot improve. | 4 pts. |
| 2. | I do not feel like a failure.                            | 1 pt.  |

- I feel I have failed more than the average person. 2 pts.
- As I look back on my life, all I can see are failures. 3 pts.
- I feel I am a complete failure as a person. 4 pts.
- 3. I don't feel I am worse than anybody else. 1 pts.
- I am critical of myself for my weaknesses and mistakes. 2 pts.
- I blame myself all the time for my faults. 3 pts.
- I blame myself for everything bad that happens. 4 pts.
- 4. I don't cry any more than usual. 1 pts.
- I cry more now than I used to. 2 pts.
- I cry all the time now. 3 pts.
- I used to cry, but now I can't cry even though I want to. 4 pts.
- 5. I am no more irritated now than I ever was. 1 pt.
- I get annoyed or irritate more easily than I used to. 2 pts.
- I feel irritated all the time. 3 pts.
- I don't get irritated at all by things that used to upset me. 4 pts.
- 6. I can work without difficulty. 1 pt.
- It takes an extra effort to get started at doing something. 2 pts.
- I have to push myself very hard to do anything. 3 pts.
- I can't do any work at all. 4 pts.
- 7. I can sleep as well as usual. 1 pt.
- I don't sleep as well as I used to. 2 pts.
- I wake up 1 or 2 hours earlier than usual and find it hard to get back to sleep. 3 pts.
- I wake up several hours earlier than I used to and cannot get back to sleep. 4 pts.
- 8. I do not feel sad. 1 pt.
- I feel sad. 2 pts.
- I am sad all the time, and I can't snap out of it. 3 pts.
- I am so sad or unhappy, I can't stand it. 4 pts.

**Total Points** .....

**Scoring:**

- 8 = No depression present
- 16 = Mild depression, able to function; will lift in a few weeks. Encourage healthy lifestyle. Review in near future.
- 24 = Moderate depression, able to function with difficulty; help from professional highly recommended
- 32 = Severe depression, must have professional help.







Have you had even one puff of a tobacco-delivering device?  Yes  No

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**?  Yes  No

Are you using a pharmaceutical aid? If so, describe it and how you are using it?

Any special concerns? This is your time to express your feelings about this process or to seek more information.

(If doing well with no lapse)

I will call you again 3 days from now – Day 7. What time will be convenient?

(If confidence is still low and if lapsed at least once)

I will call you again tomorrow. What time is convenient? (use same script)

Would you like to pray?

Affirm.  Bye

### **LAPSE – 3**

(Special discussion with "lapse" who by now may be "relapsers" – requiring a later Quit Day and recycling.)

As we discussed the last time we talked, at the third lapse into smoking one or more times, we recommend that you return to your Quit Day—Day 3 in Taking control—and continue on from there again with determination. This is not in any way a sign of failure or defeat. Smokers who are intensely addicted or who have practiced the habit for much of their lives make on average 4 attempts to quit before they are really successful. But we want to help you reach success earlier. By going through the steps of preparation of mind, environment, and body carefully and hearing the motivating messages again, you are more apt to succeed. And receiving these supportive and encouraging calls will reinforce your efforts at creating a new healthy lifestyle.

So re-examine your situation over the next 24 hours and we will call you to arrange when we can pick up our conversations at Quit Day again.

Would you like to pray?

Affirm.

Bye

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### **For Compliant Participants**

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**?  Yes  No

Are you using a pharmaceutical aid?  Yes  No If so, describe it and how you are using it?

Let's review again your major strategies for today .....

*Food and Fluid intake*

*Physical activity*

*Environmental protection*

*Social cautions*

*Acceptance of help/encouragement*

*Optional Pharmaceutical aids*

*Mindset*

*Spiritual resources (Discuss if possible)*

Are there any special concerns today? This is your time to express your feelings about this process or to seek more information.

I will close and close you again tomorrow. Is this a good time for then?

Would you like for us to pray?

Affirm

Bye.

Day Five

GREETING ....

This is \_\_\_\_\_ calling from \_\_\_\_\_ with your support call again.

How are you today?

Since I talked with you yesterday, have you had an urge to smoke?  Yes  No  
How many urges? (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device?  Yes  No

**Confidence Scale**

1. I feel sure that I am able to quit smoking as planned.    1          2          3          4          5  
   DisAgree                    Not Sure                    Agree

If 3 or less, "What can we do to raise it?"

Any changes in your strategies?                      Any changes in your routine? Contingencies?

Since I talked with you yesterday, have you had an urge to smoke?  Yes  No  
How many urges? (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device?  Yes  No

Did you prepare for today by engaging in the information and activities described in the self-help program **Taking Control**?  Yes  No

Are you using a pharmaceutical aid? If so, describe it and how you are using it?

Any special concerns? This is your time to express your feelings about this process or to seek more information.

How are things with your helping partner this week?

(If doing well with no lapse)

I will call you again tomorrow. What time will be convenient?

Would you like to pray?

Affirm.

Bye

**Day Six**

GREETING ....

This is \_\_\_\_\_ calling from \_\_\_\_\_ with your support call again.

How are you today?

**SCALE: Confidence**

1. I feel sure that I am able to quit smoking as planned.      1      2      3      4      5  
   DisAgree      Not Sure      Agree

If 3 or less, "What can we do to raise it?"

If you began the Taking Control program as suggested (Sunday or Monday), you are approaching the weekend. What plans are you making that will aid you in quitting and minimize stress over the issue?

What have you discovered about yourself over the past few days?

How do you feel physically and mentally now?

Tell me about the changes you have been able to make in your lifestyle:

Nutrition

Exercise

Coping with Stress

Rest/Relaxation

Meditation/Prayer

Human Relationships

In reviewing your Goals, do you wish to make any changes?

Are they helping you in your strategy to quit? How?

Since I talked with you yesterday, have you had an urge to smoke?  Yes  No

How many urges? \_\_\_\_\_ (constant or triggered by cues)

Have you had even one puff of a tobacco-delivering device?  Yes  No

Affirm.

Next call tomorrow

Bye

**Day Seven**

GREETING .....

This is \_\_\_\_\_ from \_\_\_\_\_.

**SCALE: Confidence**

You have been nicotine-free for a week now, how is your confidence?

- 1. I feel sure that I am able to quit smoking as planned.      1                  2                  3                  4                  5
- DisAgree                          Not Sure                          Agree

(If less than 4, "what can we do to raise it?")

What have you discovered about your ability and inner strength?

Who or what has been most influential in getting you to this point?

How are you feeling physically?                          Mentally?                          Emotionally?

**SCALE: State of Well-Being**

**SCALE: Perceived Stress Scale (modified)**

In the last week, how often have you . . .

	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life?	4	3	2	1
2. Questioned your ability to handle personal problems?		4	3	2
1				
3. Felt that things were not going your way?	4	3	2	1
4. Been unable to control irritations in your life?		4	3	2
1				
5. Felt difficulties were piling up so high you couldn't overcome them?		4	3	2
1				

**Subtotal**

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points

Discuss results . . .

It is reward time, what do you have planned today?

Are there any others in your household gaining encouragement from your success now? Tell me about it..

Do you have any concerns?

Affirm.

Offer to pray.

I will call you again on Day 10 \_\_\_\_\_, what time?

(This may be an important call because a weekend will have been passed.)

**Day Ten**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been over the 3 days since we last talked?

**SCALE: Profile of Moods**

You have been nicotine-free for 10 days now, how is your confidence?

**SCALE: Confidence**

1. I feel sure that I am able to quit smoking as planned.      1      2      3      4      5  
DisAgree      Not Sure      Agree

How are you feeling physically?      Mentally?      Emotionally?

Did the weekend pose any new problems for you? How did you deal with temptations?

I wish to emphasize the importance of those lifestyle practices that relate to good nutrition and water intake, daily exercise, stress reduction strategies, avoidance of mind-altering substances, and building good relationships. Add to those some complimentary techniques for comfort such as dietary supplements, aromatherapy, massage, and meditation.

Do you have any concerns?

Affirm.

Offer to pray.

I wish to call you in 3 more days – Day 14. For some that is a day of potential lapse.

Maintain your confidence, but continue in your positive strategies with that in mind.

When should we talk?

The day (or two) before our next scheduled phone appointment, please go to your primary care provider's office to do your first breathing test (CO monitoring) and report your results at the next call from your support coach. Thank you.



**Day Fourteen**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been over the 3 days since we last talked?

You have been nicotine-free for 14 days now, how is your confidence?

**SCALE: Confidence**

1. I feel sure that I am able to quit smoking as planned.      1                  2                  3                  4                  5  
DisAgree                                  Not Sure                                  Agree

How are you feeling physically?

**BIOTEST RESULTS**

What was the result of your breathing test prior to this phone call?

**SCALE: Depression Scale**                          (Spreadsheet available)

**Depression Assessment (Beck Depression Tool)**

I am going to ask you some questions related to your mood. I will ask them again in 3 months, 6 months, and 1 year. If we, together, are doing the job right, we should see improvements in the future.

- 1. I am not particularly discouraged about the future.                          1 pt.  
    I feel discouraged about the future.    2 pts.  
    I feel I have nothing to look forward to.    3 pts.  
    I feel the future is hopeless and things cannot improve.                          4 pts.
- 2. I do not feel like a failure.    1 pt.  
    I feel I have failed more than the average person.    2 pts.  
    As I look back on my life, all I can see are failures.    3 pts.  
    I feel I am a complete failure as a person.    4 pts.
- 3. I don't feel I am worse than anybody else.    1 pt.  
    I am critical of myself for my weaknesses and mistakes.    2 pts.  
    I blame myself all the time for my faults.    3 pts.  
    I blame myself for everything bad that happens.    4 pts.
- 4. I don't cry any more than usual.    1 pt.  
    I cry more now than I used to.    2 pts.

- |    |  |        |
|----|--|--------|
|    | I cry all the time now.  | 3 pts. |
|    | I used to cry, but now I can't cry even though I want to.                        | 4 pts. |
| 5. | I am no more irritated now than I ever was.                                      |        |
|    | 1 pt.  |        |
|    | I get annoyed or irritate more easily than I used to.                            |        |
|    | 2 pts.   |        |
|    | I feel irritated all the time.   | 3 pts. |
|    | I don't get irritated at all by things that used to upset me.                    |        |
|    | 4 pts.   |        |
| 6. | I can work without difficulty.   | 1 pt.  |
|    | It takes an extra effort to get started at doing something.                      |        |
|    | 2 pts.   |        |
|    | I have to push myself very hard to do anything.                                  | 3 pts. |
|    | I can't do any work at all.  | 4 pts. |
| 7. | I can sleep as well as usual.  |        |
|    | 1 pt.  |        |
|    | I don't sleep as well as I used to.  | 2 pts. |
|    | I wake up 1 or 2 hours earlier than usual and find it hard to get back to sleep. | 3 pts. |
|    | I wake up several hours earlier than I used to and cannot get back to sleep.     |        |
|    | 4 pts.   |        |
| 8. | I do not feel sad.   | 1 pt.  |
|    | I feel sad.  | 2 pts. |
|    | I am sad all the time, and I can't snap out of it.                               | 3 pts. |
|    | I am so sad or unhappy, I can't stand it.  | 4 pts. |

**Total Points** .....

**Scoring:**

8 = No depression present

16 = Mild depression, able to function; will lift in a few weeks. Encourage healthy lifestyle. Review in near future.

24 = Moderate depression, able to function with difficulty; help from professional highly recommended

32 = Severe depression, must have professional help.

Discuss results . . .

Have you discovered any new strategies? Discarded others?

Have you taken on any new projects that are fulfilling?

Being free of an addiction for 2 weeks brings elation and a feeling of taking on the world to some. Have you had that type of reaction to your new freedom?

It is real, but you must be cautious to not let down your guard to your commitment and you must maintain adherence to your quitting strategies because the "war" is not over. It takes at least 28 days to turn yourself around effectively. And for some, there will always be a memory of the love affair with nicotine.

That's why this case management approach to helping you is so intensive. We will talk again in one week. Be thinking of long-range plans you may have for your self-improvement or reaching out in your community. We will discuss them then,

When should we talk?

Do you have any concerns?

Affirm.

Offer to pray.

**Day Twenty-One**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been over the 7 days since we last talked?

You have been nicotine-free for 21 days now, right? How is your confidence?

**SCALE: Confidence**

1. I feel sure that I am able to stay free as planned. 1 2 3 4 5  
DisAgree Not Sure Agree

How are you feeling physically?

**SCALE: Stress**

I am going to ask you some questions too about how you are dealing with stress.

**Perceived Stress Scale (modified)**

In the last month, how often have you . . .	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life? 1	3	2	1	
2. Questioned your ability to handle personal problems? 1	4	3	2	
3. Felt that things were not going your way? 1	4	3	2	1
4. Been unable to control irritations in your life? 1	4	3	2	
5. Felt difficulties were piling up so high you couldn't overcome them? 1	4	3	2	

**Subtotal**

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points

Discuss . . .

Have you given thought to your "assignment"? Long-range plans you may have for your self-improvement or reaching out in your community.

What long-range plan might you have for self- improvement?

What would you like to do in your community? Or, what have you started?

Plan a reward for your 28<sup>th</sup> day.

Affirm.

Offer to pray.

I will call you again in 1 week on \_\_\_\_\_. What time?

**BIOTEST INSTRUCTIONS**

A day or two before our next scheduled call, please go to the nurse or doctor's office again to do the breathing test and report the results at the next call. Thank you.

Until then. . .



**Day Forty-three**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the two weeks since we last talked?

In the month we have been working together, have you smoked:

- 1) one puff, Yes No
- 2) one cigarette/cigar, Yes No
- 3) more than 1 but less than 10, Yes No
- 4) more than 10 Yes No

**SCALE: Confidence**

(If lapsed:)

1. I feel sure that I am able to quit tobacco as planned. 1 2 3 4 5  
DisAgree Not Sure Agree

\_\_\_\_\_

OR,

You have been nicotine-free for 43 days now, how is your confidence?

**SCALE: Confidence**

1. I feel sure that I am able to persist in cessation. 1 2 3 4 5  
DisAgree Not Sure Agree

**SCALE: State of Well-Being** (Days -1, 7, 43, 193 or 6 months , 1 year, 18 months)

How are you feeling physically? Mentally? Emotionally?

How are you self-improvement efforts coming?

What have you been doing in/for your community?

Discussion . . .

Our next call will be in two weeks. Day\_\_\_\_, time\_\_\_\_. The format will be brief for the purpose of assessing your quit state. However, it is also a time for discussion of your concerns or problems if you wish. We will try to limit the call to 20 minutes unless your concerns require more time.

Offer Prayer . . .

Until then. . .



**Day 73**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the two weeks since we last talked?

In the month we have been working together, have you smoked:

- 1) one puff, Yes No
- 2) one cigarette/cigar, Yes No
- 3) more than 1 but less than 10, Yes No
- 4) more than 10 Yes No

**SCALE: Confidence**

(If lapsed:)

1. I feel sure that I am able to quit smoking as planned. 1 2 3 4 5  
Agree Not Sure Agree

\_\_\_\_\_

OR,

You have been nicotine-free for 73 days now, how is your confidence?

**SCALE: Confidence**

1. I feel sure that I am able to persist in cessation. 1 2 3 4 5  
Agree Not Sure Agree

How are you feeling physically? Mentally? Emotionally?

How are your self-improvement efforts coming?

**SCALE: Stress**

I am going to ask you some questions too about how you are dealing with stress.

**Perceived Stress Scale (modified)**

In the last month, how often have you . . .

	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life? <sup>4</sup>	3	2	1	
2. Questioned your ability to handle personal problems? 1	4	3	2	
3. Felt that things were not going your way?	4	3	2	1
4. Been unable to control irritations in your life? 1	4	3	2	

5. Felt difficulties were piling up so high you couldn't overcome them?      4      3      2  
1

**Subtotal**

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points

Discussion:

**SCALE: Confidence**

1. I feel sure that I am able to persist in cessation.      1      2      3      4      5  
DisAgree      Not Sure      Agree

How are your self-improvement efforts coming?

What have you been doing in/for your community?

Our next call will be in 1 month. Day\_\_\_\_, time\_\_\_\_. The format will be brief for the purpose of assessing your quit state. However, it is also a time for discussion of your concerns or problems if you wish. We will try to limit the call to 20 minutes unless your concerns require more time.

The day (or two) before our next scheduled phone appointment, please go to your primary care provider's office to do your first breathing test (CO monitoring) and report your results at the next call from your support coach. Thank you.

Offer Prayer . . .

Until then. . .

**3 Months**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the last month since we last talked?

What was the result of your breathing test, taken just before our call?

In the time since we last had our phone conversation have you had:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1) one puff,                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) one cigarette/cigar,          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) more than 1 but less than 10, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) more than 10                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How are you feeling physically?

### **SCALE: Depression**

#### **Depression Assessment (Beck Depression Tool)**

I am going to ask you some questions related to your mood. I will ask them again in 3 months, 6 months, and 1 year. If we, together, are doing the job right, we should see improvements in the future.

- |    |   |        |
|----|---|--------|
| 1. | I am not particularly discouraged about the future.       | 1 pt.  |
|    | I feel discouraged about the future.                      |        |
|    | 2 pts.  |        |
|    | I feel I have nothing to look forward to.                 | 3 pts. |
|    | I feel the future is hopeless and things cannot improve.  | 4 pts. |
| 2. | I do not feel like a failure.                             | 1 pt.  |
|    | I feel I have failed more than the average person.        |        |
|    | 2 pts.  |        |
|    | As I look back on my life, all I can see are failures.    |        |
|    | 3 pts.  |        |
|    | I feel I am a complete failure as a person.               |        |
|    | 4 pts.  |        |
| 3. | I don't feel I am worse than anybody else.                |        |
|    | 1 pts.  |        |
|    | I am critical of myself for my weaknesses and mistakes.   |        |
|    | 2 pts.  |        |
|    | I blame myself all the time for my faults.                | 3 pts. |
|    | I blame myself for everything bad that happens.           | 4 pts. |
| 4. | I don't cry any more than usual.                          | 1 pts. |
|    | I cry more now than I used to.                            | 2 pts. |
|    | I cry all the time now.                                   | 3 pts. |
|    | I used to cry, but now I can't cry even though I want to. | 4 pts. |

5. I am no more irritated now than I ever was. 1 pt.  
 I get annoyed or irritate more easily than I used to. 2 pts.  
 I feel irritated all the time. 3 pts.  
 I don't get irritated at all by things that used to upset me. 4 pts.
6. I can work without difficulty. 1 pt.  
 It takes an extra effort to get started at doing something. 2 pts.  
 I have to push myself very hard to do anything. 3 pts.  
 I can't do any work at all. 4 pts.
7. I can sleep as well as usual. 1 pt.  
 I don't sleep aw well as I used to. 2 pts.  
 I wake up 1 or 2 hours earlier than usual and find it hard to get back to sleep. 3 pts.  
 I wake up several hours earlier than I used to and cannot get back to sleep. 4 pts.
8. I do not feel sad. 1 pt.  
 I feel sad. 2 pts.  
 I am sad all the time, and I can't snap out of it. 3 pts.  
 I am so sad or unhappy, I can't stand it. 4 pts.

**Total Points** .....

**Scoring:**

- 8 = No depression present
- 16 = Mild depression, able to function; will lift in a few weeks. Encourage healthy lifestyle. Review in near future.
- 24 = Moderate depression, able to function with difficulty; help from professional highly recommended
- 32 = Severe depression, must have professional help.

**Confidence Scale:**

1. I feel sure that I am able to persist in cessation.     1     2     3     4     5  
    DisAgree     Not Sure     Agree

How are you self-improvement efforts coming?

Our next call will be in 3 months. Day \_\_\_\_\_, time \_\_\_\_\_. The format will be brief for the purpose of ascertaining your quit state. However, it is also a time for discussion of your concerns or problems if you wish. We will try to limit the call to 20 minutes unless your concerns require more time.

The day (or two) before our next scheduled phone appointment, please go to your primary care provider's office to do your first breathing test (CO monitoring). Send us an email of your results or report your results at the next call from your support coach. Thank you.

Offer Prayer . . .

Until then. . .

**6 Months**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the last 3 months since we last talked?

What was the result of your breathing test, done just before our phone call?

In the time since we last had our phone conversation have you had:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1) one puff,                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) one cigarette/cigar,          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) more than 1 but less than 10, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) more than 10                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Discussion

### **SCALE: Depression**

#### **Depression Assessment (Beck Depression Tool)**

I am going to ask you some questions related to your mood. I will ask them again in 3 months, 6 months, and 1 year. If we, together, are doing the job right, we should see improvements in the future.

- |    |  |        |
|----|--|--------|
| 1. | I am not particularly discouraged about the future.      | 1 pt.  |
|    | I feel discouraged about the future.                     |        |
|    | 2 pts.   |        |
|    | I feel I have nothing to look forward to.                | 3 pts. |
|    | I feel the future is hopeless and things cannot improve. | 4 pts. |
| 2. | I do not feel like a failure.                            | 1 pt.  |
|    | I feel I have failed more than the average person.       |        |
|    | 2 pts.   |        |
|    | As I look back on my life, all I can see are failures.   |        |
|    | 3 pts.   |        |
|    | I feel I am a complete failure as a person.              |        |
|    | 4 pts.   |        |
| 3. | I don't feel I am worse than anybody else.               |        |
|    | 1 pts.   |        |
|    | I am critical of myself for my weaknesses and mistakes.  |        |
|    | 2 pts.   |        |
|    | I blame myself all the time for my faults.               | 3 pts. |
|    | I blame myself for everything bad that happens.          | 4 pts. |
| 4. | I don't cry any more than usual.                         | 1 pts. |
|    | I cry more now than I used to.                           | 2 pts. |



The day (or two) before our next scheduled phone appointment, please go to your primary care provider's office to do your first breathing test (CO monitoring). ). Send us an email of your results or report your results at the next call from your support coach. Thank you.

Offer Prayer . . .

Until then. . .

12 Months

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the last 6 months since we last talked?

What was the result of your breathing test just before our phone call?

In the time since we last had our phone conversation have you had:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1) one puff,                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) one cigarette/cigar,          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) more than 1 but less than 10, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) more than 10                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SCALE: Depression

#### Depression Assessment (Beck Depression Tool)

I am going to ask you some questions related to your mood. I will ask them again in 3 months, 6 months, and 1 year. If we, together, are doing the job right, we should see improvements in the future.

- |    |   |        |
|----|---|--------|
| 2. | I am not particularly discouraged about the future.       | 1 pt.  |
|    | I feel discouraged about the future.                      |        |
|    | 2 pts.  |        |
|    | I feel I have nothing to look forward to.                 | 3 pts. |
|    | I feel the future is hopeless and things cannot improve.  | 4 pts. |
| 2. | I do not feel like a failure.                             | 1 pt.  |
|    | I feel I have failed more than the average person.        |        |
|    | 2 pts.  |        |
|    | As I look back on my life, all I can see are failures.    |        |
|    | 3 pts.  |        |
|    | I feel I am a complete failure as a person.               |        |
|    | 4 pts.  |        |
| 3. | I don't feel I am worse than anybody else.                |        |
|    | 1 pts.  |        |
|    | I am critical of myself for my weaknesses and mistakes.   |        |
|    | 2 pts.  |        |
|    | I blame myself all the time for my faults.                | 3 pts. |
|    | I blame myself for everything bad that happens.           | 4 pts. |
| 4. | I don't cry any more than usual.                          | 1 pts. |
|    | I cry more now than I used to.                            | 2 pts. |
|    | I cry all the time now.                                   | 3 pts. |
|    | I used to cry, but now I can't cry even though I want to. | 4 pts. |





concerns or problems if you wish. We will try to limit the call to 20 minutes unless your concerns require more time.

The day (or two) before our next scheduled phone appointment, please go to your primary care provider's office to do your first breathing test (CO monitoring). Send us an email of your results or report your results at the next call from your support coach. Thank you.

Offer Prayer . . .

Until then. . .

**18 Months**

GREETING . . .

This is \_\_\_\_\_ calling from \_\_\_\_\_.

How are things today?

How have you been in the 6 months since we last talked?

What was the result of your breathing test you were to get before our call today?

In the time since we last had our phone conversation have you had:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1) one puff,                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) one cigarette/cigar,          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) more than 1 but less than 10, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) more than 10                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Discussion

**SCALE: State of Well-Being** (Days -3, 7, 43, 193 or 6 months , 1 year, 18 months)

### **POST ASSESSMENT & SATISFACTION SURVEY**

I have several questions to ask you for an Exit Assessment to measure outcomes, so let's get started.

We have really enjoyed helping you in your efforts to start living without tobacco! We would like to keep in touch and we encourage you to visit our website periodically to participate in discussions there among others who are/or have been addicted to tobacco. This is one way you, as a graduate, can help others.

This ends our supportive relationship with you. Congratulations on your successful journey! We wish you God's continued rich blessing on your life and your health.

Offer Prayer . . .

Bye.