**Periodic Report of Phone Coaching**

In order to monitor the progress of your CMATCH participant in successful recovery from nicotine addiction, please complete and submit this form on a monthly basis. Thank you much.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Participant’s Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone call compliance:
	1. Very good
	2. Has scheduling/attendance problems
	3. Poor
3. # of cessation lapses: \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Confidence Scores: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_
5. Beck Depression Score: \_\_\_\_\_\_\_\_\_\_\_\_
6. Perceived Stress Score \_\_\_\_\_\_\_\_\_\_\_\_
7. Cotinine Test results: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Sponsor Group: --------------------------------------------------------

Sponsor Group Leader/Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_