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

Sponsor Group & Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date workshops ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s ID Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone call compliance: a) \_\_\_\_\_\_\_ Very good,

 b) \_\_\_\_\_\_\_ Poor,

 c) \_\_\_\_\_\_\_ Has scheduling/attendance problems

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Completed & Scored** | **Yes** | **No** | **Total Score** | **Comment** |
| Social Support |  |  |  |  |
| Concept of Power |  |  |  |  |
| Perceived Stress – 4 wks |  |  |  |  |
| Perceived Stress – 12 mos |  |  |  |  |
| Learning Style – 4 wks |  |  |  |  |
| Confidence Scale – 6 wks |  |  |  |  |
| Confidence Scale – 8 mos |  |  |  |  |
| Confidence Scale -- 10 mos |  |  |  |  |
| Confidence Scale – 12 mos |  |  |  |  |
| Beck Depression Scale – 6 mos |  |  |  |  |
| PAM Assessment – 12 mos |  |  |  |  |
| Satisfaction Survey – 12 mos |  |  |  |  |
| Cotinine Test (Oral Swab=S; Urine = U): \_\_\_\_\_ 6 wks \_\_\_\_\_\_ 8 wks \_\_\_\_\_\_ 4 mos \_\_\_\_\_ 6 mos \_\_\_\_\_\_ 8 mos \_\_\_\_\_\_ 10 mos \_\_\_\_\_ 12 mos |

CMATCH – FrameWork Health, Inc. 7/2023 Submit to: Linda@FrameWorkHealth.org