

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Client Name: _____

Code: _____

First Call
___ With TC
___ After TC

ASSESSMENT VISIT FIRST CONTACT with PARTICIPANT for COACHING CALLS

This contact with the CMATCH Participant is made by the end of Day 1 either on an individual phone call or in consult at the Let's Begin to Quit workshop.

Participants have the choice of beginning Coaching sessions at Day 2 or upon completion of the 14-day Taking Control course.

Coaches: A Training Session is required to review principles of Motivational Interviewing, Nola Pender's 5 Health Dimensions, Framing & reframing techniques, Teach-Back, Critical Thinking. Refer to the Coaching Through Stages of Change table for guidance in specific strategies of the CMATCH program.

Questionnaires used in this coaching tool are: TCAT, PAM, Confidence Scale, Profile of Moods, Beck Depression Tool, Perceived Stress Scale, Learning Style, and a Satisfaction Survey.

GREETINGS . . .

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

Before we begin, I want you to understand that these calls, as well as your engagement with the CMATCH nicotine addiction recovery program are held confidential and possible only with your consent. The calls are recorded for the purposes of:

- aiding you with encouragement and motivational strategies, as well as in tracking your progress,
- to register the effectiveness of this approach in helping individuals squelch nicotine addiction and the practice of using tobacco products.

Therefore, if you wish to proceed, I will read to you the Informed Consent statement and then ask you to respond with:

“Yes” or “No” when asked if you understand and agree with the Consent statements

“I agree to communicate with a coach of CMATCH”.

Your legal name – and spell it out

[Conduct the Consent procedure—The Consent Document should be viewed and physically signed by the CMATCH participant]

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The time we spend together now is intended to lay a solid foundation for the pattern of this coaching program, which is meant to be 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. Please respond to the following questions thoughtfully and honestly.

ASSESSMENT Questions are asked with sensitivity . . . (Coach reads questions and records on this document or on screen form. Calculations are made immediately)

TCAT is provided on the website for participants to complete prior to this call if arranged.

If TCAT was marked prior to this call, obtain and match the CODE that connects the coachee with their Survey done online. Since this is a scheduled call, that should be done prior to beginning 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:

(Free text box)

Review:

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

(Discuss results . . .)

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 periodically with succeeding phone calls 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.

For Smokers: To set a baseline on the condition of your lungs, we ask you to go to your healthcare provider (physician or nurse practitioner's office, community health clinic) to get a breathing test called *spirometry*. Periodically in the future we will have you do that again to mark progress.

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OVERVIEW

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. There are 3 major components to CMATCH:

1. Taking Control, a 14-day guidance course on a website, rich with strategies for quitting and health-promoting lessons in nutritious diet, exercise, stress reduction and relaxing, and much more.
2. The Let's Begin to Quit support workshop hosted by a community church or helping organization with volunteer mentors and fellowship opportunities.
3. The Coaching team to guide and encourage with scheduled phone calls over 18 months.

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 primary healthcare provider informed of your progress so that they can also support you. Therefore, [we are happy to provide you with a report when you wish to submit one to your provider.](#)

Deciding and Staying on Course:

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

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.

[Use the following scenario if Participant has not attended a “Let's Begin to Quit” workshop . . .](#)

Imagine 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 by using the same dopamine and, as a result, 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.

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If you are attending a Let's Begin to Quit workshop presented by a CMATCH team in your area, then you are receiving encouragement and enjoying fellowship. Your telephone coach will be your guide also. But, if you have a friend or family member who is sensitive to the challenges of your journey to quit tobacco use, you will be blessed 3-fold. Let's consider these questions—ask yourself and share with me as you will:

Social Support

To lend me emotional support I have:

- a. more than one other significant person interested in my efforts
- b. at least one significant other to help me
- c. no one

This person is a non-tobacco user:

☐ Yes ☐ No

1. Whom can you really count on to help you out of a crisis situation, even though he/she would have to go out of their way to do so?

First Name/Relationship to You _____

2. Whom can you talk with frankly without being careful about what you say?

Name/Relationship to You _____

3. With whom can you be totally yourself?

Name/Relationship to You _____

4. Whom can you count on to listen openly and uncritically to your innermost feelings?

Name/Relationship to You _____

5. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

Name/Relationship to You _____

6. If you have identified someone like this, is this person:

- _____ available to you
- _____ spouse
- _____ other
- _____ non-smoker

7. Would you be willing to enter into a contractual relationship with this person for support to quit tobacco use?

☐ Yes ☐ No

.....

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

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Now, I will give you an overview of your experience with us for the next 12 months.

OVERVIEW OF CMATCH PROTOCOL [For those who have not attended the Workshop]

To guide you daily at home, you have available to you the **Taking Control** course. Do you have good access to a computer? The website is www.LivingSmart.Live. After you Register on the website, you may download guidebooks from the website and view the videos or listen to the podcasts there. Also, on the website are reinforcing and informative videos besides the daily videos.

You see, just as you would make plans and organize your needs for a car trip across country, it is important to organize your preparations for engagement in *this* adventure. The **Taking Control** course gives instructions for preparations and daily quitting strategies for 2 weeks with the support of a workshop sponsored by a helping group in your community. Typically, you will begin the Taking Control course with the first **Workshop** session, where you will register. You will attend 3 **Workshop** sessions beginning Sunday or Monday to give you a good, supportive start. Then the session schedule will be arranged according to the group's preference over the rest of the 2 weeks. **Phone Coaching** sessions could begin Day 2. Your coach will call you the day before your Quit Day at a time you prefer.

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 may be made on:

Day 14 (Graduation Day)
Day 21 and
Day 28. Then spaced out at
1 1/2 months, 2 months, 4 months, 6 months, 8 months, 10 months, and 12 months

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 a message at least 1 day before the appointment time and offer an alternative time.

Rx AIDS

You may wish to use over-the-counter cessation aids (gum or patch) or an Rx from your health provider during this program. Typically, long-term tobacco users feel they need that. You may discuss that with your primary care provider.

Are there any questions?

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

Closure . . .

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The following scripts for Days 2 through 14 are prepared for phone coaching to supplement Taking Control only when Workshop cannot be attended. Mentor will be providing fellowship and guidance also.

Call #2

__ 1 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. I'll tell you a little bit about myself . . . (Affect)

Affect How is your state of mind or mood?

Attitudes:

SCALE: State of Well-Being or Profile of Moods (POMS) **Next Page . . .**

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

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POMS

Name:							
Mark on a Scale of 1-5: 1=Not at all >>>>>>>>>>>>>>>>>>> 5= Very Strong							
How Do You Feel Today?	VIGOR	IRRITABILITY	FATIGUE	NUMBNESS	In my spirit	TOTALS	
Lively							
Vigorous							
Energetic							
Cheerful							
Alert							
Full of pep/energy							
Active							
Subtotal						0	
Nervous							
Angry							
Annoyed							
Peeved							
Spiteful							
Bad-tempered							
Furious							
Subtotal						0	
Listless							
Weary							
Exhausted							
Sluggish/Dragging							
Worn out							
Fatigued							
Subtotal						0	
Slowed							
Uncertain							
Dazed							
Subtotal						0	
Happy							
Demoralized and sad							
Calm and relaxed							
Half-hearted							
Very nervous							
So broken-hearted that ...							
Subtotal						0	

Aspiration: In your enrollment interview you indicated you are ready to learn how to quit with this CMATCH method. Is that right?

Well, I am pledged to help you reach success. And, as experience has borne out, when making a major change in your life, it is wise to measure progress along the way. We will be doing that in these phone calls. So, let's begin with this questionnaire about how you would like to handle your health . . .

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PAM-style Questionnaire to Measure Progress						
Item						
1. Taking an active role in my own care is the most important factor in determining my health and ability to function well.	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	
2. How confident are you that you can figure out solutions when new situations or problems arise with your health?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
3. How confident are you that you can identify when it is necessary to get medical care and when you can handle the problem yourself?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
4. If you have a chronic condition of ill health (heart disease, diabetes, breathing difficulty, high blood pressure, etc.), how much do you know about caring for it? (If you do not have a chronic condition, mark this section N/A)	Not at all	Somewhat	Not Sure	Confident	Very Confident	
5. How confident are you that you can take actions that will help prevent or minimize some symptoms or problems associated with your condition?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
6. How confident are you that you can follow through on medical recommendations your health care provider, mentor, or coach makes such as quitting tobacco product use, changing your diet, or doing regular exercise?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
7. How much do you know about how to make the lifestyle changes, like no tobacco product use, nutritious diet, and exercise activity, that are recommended for your health improvement?	Judging by my life so far, very little	One or two strategies	Prefer to not answer	A lot/a good deal	I'm confident I can be independent	
8. How well have you been able to maintain these lifestyle changes?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
9. How confident are you that you can find trustworthy sources of information when you have questions about your lifestyle and your health choices?	Not at all	Somewhat	Not Sure	Confident	Very Confident	
10. Even if I make the changes in diet, exercise, and quit tobacco use recommended for my lifestyle improvement, it won't make any difference to my health.	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	
11. Maintaining the lifestyle changes that have been recommended is too hard to do on a daily basis	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	

We won't discuss your answers to these previous questions until the next time we use this questionnaire . . . then we can compare for any changes.

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But, I would like to review the Assessment that was done during your enrollment call.

Review the [TCAT Summary](#) . . .

You have been strongly encouraged to participate in the self-help program **Taking Control**. Have you begun watching the videos and listening to the instructions? Do you foresee any problems?

Tomorrow should be your Day to Quit Smoking. 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 more questions to ask you which will help me as a coach to guide you in reaching your goal of freedom from nicotine addiction. They will tell us what type of a thinker/learner you are.

Learning Style

- | | |
|---|-----|
| 1. CS1. I am a practical. I like structure: steady, organized, predictable, efficient, reliable
(CS = concrete sequential thinker/learner) | Y/N |
| 2. I learn best by listening and reading outloud | Y/N |
| 3. AS2. I am a reflective thinker: studious idea maker; I learn through observing
(AS = abstract sequential thinker/learner) | Y/N |
| 4. AR3. I am emotional, people-oriented, love the humanities, love a comfortable environment
I "go with the flow", sensitive
(AR = abstract random thinker/learner) | Y/N |
| 5. CR4. 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) | Y/N |

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6. I learn best by visual illustrations Y/N
7. I learn best by hands-on doing Y/N
8. I prefer to receive feedback on my progress: __frequently __soon __occasionally __seldom __never

1. The abstract sequential learner. This individual is easily able to decode written, verbal, and image symbols. Symbols and pictures are important to this learner, as are presentations that are rational, substantive, and well-organized.

2. The abstract random learner. This person is skilled in sensing and interpreting atmosphere and mood. For this learner, the medium is associated with the message, and a speaker's manner, delivery, and personality are as important as what is spoken. Information is gathered in an unstructured manner, reflected upon, and then organized into a pattern that makes sense to the learner.

3. The concrete sequential learner. This learner prefers hands-on experiences that use all five senses and step-by-step directions and well-ordered presentations and will defer to authority and guidance in the learning environment.

4. The concrete random learner. This person likes to experiment, comes to the crux of the matter quickly and uses intuition in drawing conclusions. This learner prefers a trial-and error approach to gathering information and does not welcome teacher intervention.

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

Name 3 Benefits you expect to experience after quitting :

Aspirations: Describe your Goals to me . . .

You are entering a state of your life that requires Courage – not just the absence of fear, but an inner sense of *Power*. You will be called upon to alter:

- A life pattern (an automatic habit)
- A comfort zone
- A predictable change

Where is your strength going to come from?

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

Do you have permission to share their Phone: _____ or email _____?

What time do you want me to call you tomorrow? Be near the phone. I'll talk to you tomorrow, Bye.

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Call #3
Quit Day

GREETING

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

How are you today? **Affect**

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

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, impatient
- feel disgusted about your behavior
- be distracted and unable to concentrate

But these negative experiences are temporary . . . as long as you do not slip when tempted to use that lethal _____

Remember the Goal of your heart**Aspiration**

Confidence Scale

1. I feel sure that I am able to quit smoking as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree		
		1	2	3	4	5

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

Let's review again your major strategies for today **Activity**

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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.

If “No” Drop the subject, but leave the door open for a future desire to do so.

Would you like to learn more about the Creator God? (Send _____, or direct to www.amazingfacts.org or www.iiw.org . (Or link to local participating SDA church)

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

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 for 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.]

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Closure

- 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?

Prayer: Until then . . .

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Call 4: 1 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 . . .

POMS							
Name:							
Mark on a Scale of 1-5: 1=Not at all >>>>>>>>>>>>>>> 5= Very Strong							
How Do You Feel Today?	VIGOR	IRRITABILITY	FATIGUE	NUMBNESS	In my spirit	TOTALS	
Lively							
Vigorous							
Energetic							
Cheerful							
Alert							
Full of pep/energy							
Active							
Subtotal						0	
Nervous							
Angry							
Annoyed							
Peeved							
Spiteful							
Bad-tempered							
Furious							
Subtotal						0	
Listless							
Weary							
Exhausted							
Sluggish/Dragging							
Worn out							
Fatigued							
Subtotal						0	
Slowed							
Uncertain							
Dazed							
Subtotal						0	
Happy							
Demoralized and sad							
Calm and relaxed							
Half-hearted							
Very nervous							
So broken-hearted that ...							
Subtotal						0	

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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

For 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 using tobacco products?

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3. Have you discussed your quitting program with them? (If “No”: May I suggest how to do that?)
4. If a tobacco product user, 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? Or, would you direct them to the website to learn about it?
5. (If the individual is resistant to change and uncooperative in the participant’s quitting efforts, advise regarding coping, building personal strengths, avoidance strategies; re-frame goals and objectives.)

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

For compliant participants (No lapse)

You have done well! Congratulations! **Affect**

Reward yourself tonight with a simple thing.

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

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. **Activity**

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

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 _____ What time? _____

Until then

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Call 5 – 2 Days
after Quit Day

GREETING

This is _____ from _____ with your encouraging support call. How are you today? If I could be a spider on the wall today, What would I see there?

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

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

For 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

I am going to ask you some questions related to your mood. I will ask them again in 6 weeks, and periodically after that until coaching stops. 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. |

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- | | | |
|----|--|--------|
| 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 should. | 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.

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

There often is a close link between mood and nicotine addiction. The principles taught and the activities encouraged in this program, particularly in **Taking Control**, are natural methods to restore health and vitality to your body and mind. Sometimes people need additional aids in the form of a prescription medication to help in coping with addiction withdrawal. If your health care provider has prescribed one for you, continue to take it while following the instructions in this program.

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

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

We will ask you the following question with each phone call to track your confidence level:

Confidence Scale

1. I feel sure that I am able to quit smoking as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

If less than 4, "What can we do to raise the number?"

Let's review again your major strategies for today

Food and Fluid intake

Acceptance of help/encouragement

Physical activity

Optional Pharmaceutical aids

Environmental protection

Mindset

Social cautions

Spiritual resources (Discuss if possible)

Focus on your Goals (in Day One) . . . the Benefits to you/your family . . . your Commitment

Are you carrying your Commitment Card? ☐ Yes ☐ No

Affirm.

Prayer. (If desires)

Consider whether a call is needed tomorrow --I would like to call you tomorrow; time_____

Until then,

Bye

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

**Call 6 – 4th Day
after Quit Day**

GREETING

This is _____ calling from _____ with your support call again.

Today is the 4th day after Quit Day. How do you feel about it?

For some, Days 4-7 are difficult days for dealing with abstinence reactions of the body and the mind.

Are you noticing anything new about how you feel or behave? Tell me about it

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 the following . . .

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? Would you direct them to the website to learn about it?
5. (If has discussed) Will you invite him/her to a conference call with us?
6. (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.)

Confidence Scale

1. I feel sure that I am able to quit tobacco use as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

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

Any changes in your strategies?

Any changes in your routine?

Contingencies?

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Since I talked with you, have you had an urge to smoke? ___ Yes How many? ___ No

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

Weekend Coming

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?

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 10. What time will be good?

(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

For LAPSE – 3

(Special discussion with "lapse" who by now may be "relapse" – 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. 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 email/message us of your intention, so that we may arrange when we can pick up our conversations at Quit Day again.

Would you like to pray?

Affirm.

Bye

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

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

Acceptance of help/encouragement

Physical activity

Optional Pharmaceutical aids

Environmental protection

Mindset

Social cautions

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 call you again tomorrow. Is this a good time for then?

Would you like for us to pray?

Affirm Bye.

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Call 7
Day 10 of TC

GREETING

This is _____ calling from _____ with your support call again.

How are you today?

Since I talked with you, 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 stay quit as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

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

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

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

How are things with your helping partner this week?

What time would you like for me to call you on Day 14—Graduation Day?

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office again to do another breathing test (*spirometry for CO analysis*) and report your results at the next call from your support coach. Thank you.

Would you like to pray?

Affirm.

Bye

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Day 14
Graduation
Call 8

GREETING

This is _____ calling from _____ with your support call again.

How are you today?

If you have been following the Taking Control schedule, this should be GRADUATION DAY!

What do you think of that?

Confidence Scale

1. I feel sure that I am able to stay quit as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

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

What have you discovered about yourself over the past two weeks?

How do you feel physically and mentally now?

Do you have the result of your breathing test? _____

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

SCALE: Friedman's Scale of Well Being

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

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

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

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.

Biotest Results:

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

Are they helping you in your strategy to quit?

Next call 1 week – Day 21

Affirm.

Bye

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Call 9
Day 21

GREETING

This is _____ from _____.

How is your **Confidence**?

1. I feel sure that I am able to quit smoking as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

(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: Friedman's Scale of Well Being

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. . .

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.

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

BIOTEST

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

Have you taken on any new projects that are fulfilling?

Being free of an addiction for 3 weeks brings elation and a feeling of taking on the world to some. Have you had that kind of reaction to your 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.
Do you have any concerns?

When should we talk in one week?

Affirm.

Bye.

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Day 28
Call 10

GREETING . . .

This is _____ calling from _____.

How are things today?

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

BIOTEST RESULTS

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

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

You have been nicotine-free for 28 days now, how is your confidence?

SCALE: Confidence

1. I feel sure that I am able to persist in cessation as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

How are you feeling physically?

Mentally?

Emotionally?

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

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

SCALE: Depression Scale

Depression Assessment (Beck Depression Tool) -- For All

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 each time.

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 should. 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.

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

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 . . .

What would you like to do in your community?

Programs like this in your area are always in need of skillful and experienced coaches . . .

(If a likely candidate . . .)

Would you like to train for telephone support like this?

Be thinking about it. After 28 days of support, it might be the best thing you could do help you maintain your smoke free state!

What do you have planned for today?

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

Our next call will be in 2 weeks. The format will be brief. However, it is also a time for discussion of your concerns or problems if you wish.

Offer Prayer . . .

Until then. . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

**6 Weeks
Call 11**

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

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

1. I feel sure that I am able to persist in cessation as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

How are you feeling physically?

Mentally?

Emotionally?

How are your self-improvement efforts coming?

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

The PAM

1. Taking an active role in my own lifestyle is the most important factor in determining my health and ability to function well. Y/N

2. How confident are you that you can figure out solutions when unexpected situations or problems arise with your health?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

3. How confident are you that you can identify when it is necessary to get medical care vs. when you can handle the problem yourself?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

4. Do you have a chronic condition of ill health (heart disease, diabetes, breathing difficulty, high blood pressure, etc.)? Y/N

5. If “Yes” to the above question, how much do you know about caring for it?

6. If “Yes” to #4, how confident are you that you can take actions that will help prevent or minimize some symptoms or problems associated with your condition?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

7. How confident are you that you can find trustworthy sources of information when you have questions about your lifestyle and your health choices?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

8. If I make changes in my diet, establish an exercise regimen, quit tobacco use as recommended for my health improvement, which of the following is/are true? . . .

a) It won't make any difference,

b) Any improvement made will not be enough to turn my life around; it's too hard

c) I want to believe this program will help me gain health

d) I am looking forward to feeling good like I can't remember

e) I am going to feel so good, I'll want to tell the world

Discuss Results . . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

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 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.

Offer Prayer . . .Until then. . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

2 Months
Call 12

GREETING . . .

This is _____ calling from _____

How have you been since we last talked?

In the 2 months 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

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

SCALE: Confidence

1. I feel sure that I am able to persist in cessation as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

How are your self-improvement efforts coming?

SCALE: Stress

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

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 . . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Our next call will be in 2 months. (Schedule it)

Biotest

The day (or two) before our next scheduled phone appointment, please go to your healthcare provider's office to do your breathing test (*Spirometry for CO analysis*) and a cotinine urine analysis again and report your results at the next call from your support coach. Thank you.

Offer Prayer . . .

Until then. . .

Bye

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

**4 Months
Call 13**

GREETING . . .

This is _____ calling from _____.

How are things today?

How have you been since we last talked?

BIO TEST Results:

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, ___Yes ___No
- 2) one cigarette/cigar, ___Yes ___No
- 3) more than 1 but less than 10, ___Yes ___No
- 4) more than 10 ___Yes ___No

CONFIDENCE

1. I feel sure that I am able to persist in cessation as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

How are your self-improvement efforts coming?

Our next call will be in 2 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.

Offer Prayer . . .

Until then. . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

6 Months Call 14

GREETING . . .

This is _____ calling from _____. How are you today? And how have you been in the last 3 months since we last talked?

BioTest -- 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, ___Yes ___No
- 2) one cigarette/cigar, ___Yes ___No
- 3) more than 1 but less than 10, ___Yes ___No
- 4) more than 10, ___Yes ___No

Discussion

SCALE: Depression

Depression Assessment (Beck Depression Tool) -- For All

I am going to ask you some questions related to your mood.

- | | |
|--|--------|
| 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 should. | 2 pts. |

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

	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.

How are you feeling physically?

1. I feel sure that I am able to persist in cessation as planned.
- | | | | | |
|----------|--------------|----------|-----------|-------|
| Disagree | Sl. Disagree | Not Sure | Sl. Agree | Agree |
| 1 | 2 | 3 | 4 | 5 |

How are your self-improvement efforts coming?

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

Discussion . . .

Our next call will be in 4 months. Day _____ time _____ .

BioTest

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

Offer Prayer . . .

Until then. . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

10 Months Call 15

GREETING . . .

This is _____ calling from _____.

How are things today?

How have you been in the last 4 months since we last talked?

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

- 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

How are you feeling physically?

The PAM

- 1. Taking an active role in my own lifestyle is the most important factor in determining my health and ability to function well. Y/N
- 2. How confident are you that you can figure out solutions when unexpected situations or problems arise with your health?
1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident
- 3. How confident are you that you can identify when it is necessary to get medical care vs. when you can handle the problem yourself?
1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident
- 4. Do you have a chronic condition of ill health (heart disease, diabetes, breathing difficulty, high blood pressure, etc.)? Y/N
- 5. If “Yes” to the above question, how much do you know about caring for it?
- 6. If “Yes” to #4, how confident are you that you can take actions that will help prevent or minimize some symptoms or problems associated with your condition?
1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

8. How confident are you that you can find trustworthy sources of information when you have questions about your lifestyle and your health choices?

1) Not at all 2) Somewhat 3) Not sure 4) Confident 5) Very confident

9. If I make changes in my diet, establish an exercise regimen, quit tobacco use as recommended for my health improvement, which of the following is/are true? . . .

- a) It won't make any difference,
- b) Any improvement made will not be enough to turn my life around; it's too hard
- c) I want to believe this program will help me gain health
- d) I am looking forward to feeling good like I can't remember
- e) I am going to feel so good, I'll want to tell the world

SCALE: Confidence

1. I feel sure that I am able to persist in cessation as planned.

Disagree	Sl. Disagree	Not Sure	Sl. Agree	Agree
1	2	3	4	5

Discussion . . .

Our next call will be in 4 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.

Biotest Results:

Offer Prayer . . .

Until then. . .

PATHWAY-BASED TELEPHONE SUPPORT SCRIPTS

**14 Months
Call 16**

GREETING . . .

This is _____ calling from _____. How are things today? How have you been in the time since we last talked?

Biotest -- 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, ___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: Friedman's Scale of Well Being

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. . .

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.

POST ASSESSMENT & SATISFACTION SURVEY

Send t the website to complete these questionnaires in Survey Monkey.

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

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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.