



## POST-PARTUM FIVE As INTERVENTION RECORD

DATE: \_\_\_ / \_\_\_ / \_\_\_

**ASK** client to choose the statement that best describes her smoking status (Indique su situación actual con respecto a fumar)

Write the letter in the box

- |  |   |
|--|---|
| <p><b>A.</b> I have <b>NEVER</b> smoked or have smoked less than 100 cigarettes in my lifetime.</p> <p><b>B.</b> I stopped smoking <b>BEFORE</b> I found out I was pregnant and am <u>not</u> smoking now.</p> <p><b>C.</b> I stopped smoking <b>AFTER</b> I found out I was pregnant, and I am <u>not</u> smoking now.</p> <p><b>D.</b> I stopped smoking during pregnancy, but I am smoking now.</p> <p><b>E.</b> I smoked during pregnancy, and I am smoking now.</p> | <p>Yo <b>NUNCA</b> he fumado o he fumado menos que 100 cigarrillos en todo de mi vida.</p> <p>Yo dejé de fumar <b>ANTES</b> de que dió cuenta que estaba embarazada y todavía No Estoy fumando.</p> <p>Yo dejé de fumar <b>DESPUES</b> que dió cuenta que estaba embarazada y todavía No Estoy fumanda.</p> <p>Yo dejé de fumar durante mi embarazo pero estoy fumando ahora.</p> <p>Yo fumé durante mi embarazo y continuo de fumar.</p> |
|--|---|

**ASK** client about second hand smoke

**Mother** (if the mother smokes)

a. Does the child's mother currently smoke in the **home**?

<u>Circle</u>				<u>Circle</u>	
Y	N	in the car?	Y	N	

**Father**

a. Does the child's father smoke?

Y	N			
Y	N	in the car?	Y	N

b. Does the child's father currently smoke in the **home**?

**Others**

a. Is the child exposed to tobacco smoke on a regular basis (any exposure at least 1 time per week) from anyone other than the parents?

Y	N
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**ADVISE** - Clear, strong, personalized advice to quit - Note benefits for woman & whole family

Advised client to quit or stay quit

**ASSESS** - Assess willingness to quit in next 30 days - check boxes and enter dates where appropriate

<b>NOT READY TO QUIT</b> (If checked <b>CONTINUE</b> to 5 Rs)	<input type="checkbox"/>
<b>READY TO QUIT</b> (ENTER PLANNED QUIT DATE)	___ / ___ / ___



<b>5 Rs – Engage the 5 Rs with patients who are not ready to quit</b>	
<b>Relevance:</b> Encourage the patient to indicate why quitting could be personally relevant.	<input type="checkbox"/>
<b>Risks:</b> Ask the patient to identify potential negative consequences of tobacco use	<input type="checkbox"/>
<b>Rewards:</b> Ask the patient to identify potential benefits of stopping tobacco use	<input type="checkbox"/>
<b>Roadblocks:</b> Ask the patient to identify barriers or impediments to quitting. Note elements of treatment (problem solving, pharmacotherapy) that could address barriers	<input type="checkbox"/>
<b>Repetition:</b> If possible, repeat motivational approach next time you come into contact with patient	

**ASSIST** - For those who are **ready to quit**, provide parenting-specific counseling and information

Used a problem-solving method (i.e. identify triggers/support systems)	<input type="checkbox"/>
Assessed social environment (with whom/where do they smoke?)	<input type="checkbox"/>
Provided parent-specific materials (e.g. <i>You Quit, Two Quit</i> and <i>Oh Baby!</i> booklets)	<input type="checkbox"/>
Provided Quit Kit	<input type="checkbox"/>

**ARRANGE** – Arrange for follow-up via NC Quitline or healthcare provider

Referred to Quit Line <b>(check box, fill out referral form and fax)</b>	<input type="checkbox"/>
Referred to provider for Rx or additional assistance	<input type="checkbox"/>

