



PRENATAL FIVE As INTERVENTION RECORD

Date of First Visit: ___ / ___ / ___

English-speaking clients: ASK client to choose the statement that best describes her smoking status

Write the letter in the box

- A. I have **NEVER** smoked or have smoked less than 100 cigarettes in my lifetime.
- B. I stopped smoking **BEFORE** I found out I was pregnant and am not smoking now.
- C. I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.
- D. I smoke some now, but have cut down since I found out I am pregnant.
- E. I smoke about the same amount now as I did before I found out I was pregnant.

Spanish-speaking clients: ASK client to "Indique su situación actual con respecto a fumar:"

Write the letter in the box

- A. Yo **NUNCA** he fumado, o he fumado MENOS DE 100 cigarrillos en toda mi vida.
- B. Yo dejé de fumar **ANTES** de dar cuenta que estaba embarazada, y no fumo ahora.
- C. Yo dejé de fumar **DESPUES** de dar cuenta que estaba embarazada, y no fumo ahora.
- D. Yo fumo un poco ahora, pero he reducido la cantidad de cigarrillos que fumo desde que me dio cuenta que estaba embarazada.
- E. Yo fumo la misma cantidad que antes de dar cuenta que estaba embarazada.

ADVISE - Clear, strong, personalized advice to quit - Note benefits for woman & whole family – 1st Visit

Advised client to quit or stay quit

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

Enter date of visit	1 st visit	2 nd	3 ^d	4 th	5 th	6 th	7 th	8 th	9 th
NOT READY TO QUIT (If checked CONTINUE to ARRANGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READY TO QUIT (DATE)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Quit since last visit (DATE)		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Still smoking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relapsed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed Quit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Used a problem-solving method (i.e. identify triggers/support systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessed social environment (with whom/where do they smoke?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided pregnancy-specific materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided Quit Kit (give name and date to coordinator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to Quit Line (check box, fill out referral form and fax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRANGE - Inform client you will talk further about cessation/staying quit at next visit

Arranged (check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

PROVIDER INITIALS: _____

NOTES:

