



## FIVE As INTERVENTION RECORD

Date of First Visit: \_\_\_ / \_\_\_ / \_\_\_

**ASK** patient 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 **over** a year ago
- C. I stopped smoking **less than** a year ago
- D. I smoke, but not every day
- E. I smoke daily

**ASK** patient about other tobacco products and second-hand smoke exposure

1. Do you currently use **smokeless tobacco products**? Yes \_\_\_ No \_\_\_  
 (If yes, circle all that apply) Chew    Snus    Strips    Orbs    Lozenges    Electronic Cigarettes
2. Does anyone smoke around you and/or your children? Yes \_\_\_ No \_\_\_
3. Does anyone smoke inside your house? Yes \_\_\_ No \_\_\_
3. Does anyone smoke inside your car? Yes \_\_\_ No \_\_\_
4. Is smoking allowed in your workplace? Yes \_\_\_ No \_\_\_

**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

| Number of Cigarettes/Day  |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>NOT READY TO QUIT</b><br>(If checked <b>CONTINUE to 5 Rs</b> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>READY TO QUIT (DATE)</b>                                       | / /                      | / /                      | / /                      |
| Quit since last visit (DATE)                                      |                          | / /                      | / /                      |
| Still smoking   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Relapsed  |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Stayed Quit   |                          | <input type="checkbox"/> | <input type="checkbox"/> |



**5 Rs – Engage the 5 Rs with patients who are not ready to quit**

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>Relevance:</b> Encourage the patient to indicate why quitting could be personally relevant.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Risks:</b> Ask the patient to identify potential negative consequences of tobacco use  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rewards:</b> Ask the patient to identify potential benefits of stopping tobacco use  | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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 counseling and information

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Used a problem-solving method (i.e. identify triggers/support systems) | <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"/> |
| Provided tailored self-help materials                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provided Rx for pharmacotherapy (if applicable)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Referred to QuitlineNC<br>(check box, fill out referral form and fax) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

**NOTES:**

