



POST-PARTUM FIVE As INTERVENTION RECORD

DATE: ___/___/___

ASK patient 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>A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.</p> <p>B. I stopped smoking BEFORE I found out I was pregnant and am <u>not</u> smoking now.</p> <p>C. I stopped smoking AFTER I found out I was pregnant, and I am <u>not</u> smoking now.</p> <p>D. I stopped smoking during pregnancy, but I am smoking now.</p> <p>E. I smoked during pregnancy, and I am smoking now.</p> | <p>Yo NUNCA he fumado o he fumado menos que 100 cigarrillos en todo de mi vida.</p> <p>Yo dejé de fumar ANTES de que dió cuenta que estaba embarazada y todavía No Estoy fumando.</p> <p>Yo dejé de fumar DESPUES 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 patient about other tobacco products and second hand smoke

Do you currently use **smokeless tobacco products**? Yes ___ No ___
 (If yes, circle all that apply) Chew Snus Strips Orbs Lozenges Electronic Cigarettes

- | | | | |
|---|---------------|---------------------|---------------|
| Mother (if the mother smokes) | <u>Circle</u> | | <u>Circle</u> |
| a. Does the child's mother currently smoke in the home ? | Y N | in the car ? | Y N |
| Father | | | |
| a. Does the child's father smoke? | Y N | | |
| b. Does the child's father currently smoke in the home ? | Y N | in the car ? | Y N |
| 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 |

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



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

Relevance: Encourage the patient to indicate why quitting could be personally relevant.	<input type="checkbox"/>
Risks: Ask the patient to identify potential negative consequences of tobacco use	<input type="checkbox"/>
Rewards: Ask the patient to identify potential benefits of stopping tobacco use	<input type="checkbox"/>
Roadblocks: Ask the patient to identify barriers or impediments to quitting. Note elements of treatment (problem solving, pharmacotherapy) that could address barriers	<input type="checkbox"/>
Repetition: 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 Rx for pharmacotherapy (if applicable)	<input type="checkbox"/>

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

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