



PRENATAL FIVE As INTERVENTION RECORD

Date of First Visit: / /

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

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| <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 smoke some now, but have cut down since I found out I am pregnant.</p> <p>E. I smoke about the same amount now as I did before I found out I was pregnant.</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 dar cuenta que estaba embarazada, y no fumo ahora.</p> <p>Yo dejé de fumar DESPUES de dar cuenta que estaba embarazada, y no fumo ahora.</p> <p>Yo fumo un poco ahora, pero he reducido la cantidad de cigarrillos que fumo desde que me dio cuenta que estaba embarazada.</p> <p>Yo fumo la misma cantidad que antes de dar cuenta que estaba embarazada.</p> |
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ASK client about other tobacco products

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| 1. Do you currently use smokeless tobacco products ?
(If yes, circle all that apply) Chew Snus Strips | Yes ___ No ___ | 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 – 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

Number of Cigarettes/Day			
NOT READY TO QUIT (If checked CONTINUE to 5 Rs)	<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"/>
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

Relevance: Encourage the patient to indicate why quitting could be personally relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks: Ask the patient to identify potential negative consequences of tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rewards: Ask the patient to identify potential benefits of stopping tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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 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"/>
Assessed social environment (with whom/where do they smoke?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided pregnancy-specific materials (If You Smoke and are Pregnant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRANGE – Arrange for follow-up

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

