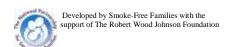


PRENATAL FIVE As INTERVENTION RECORD

Date of First Visit: / /							
ASK client to choose the statement that best describes her smoking status (Indique su situación actual con respecto a fumar)							
A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.				Yo NUNCA he fumado o he fumado menos que 100 cigarrillos en todo de mi vida.			
	B. I stopped smoking BEFORE I found out I was pregnant and am <u>not</u> smoking now.				Yo dejé de fumar ANTES de dar cuenta que estaba embarazada, y no fumo ahora.		
	C. I stopped smoking AFTER I found out I was pregnant, and I am <u>not</u> smoking now.				Yo dejé de fumar DESPUES de dar cuenta que estaba embarazada, y no fumo ahora.		
ite the letter in the box	D. I smoke some now, but have cut down since I found out I am pregnant.				Yo fumo un poco ahora, pero he reducido la cantidad de cigarrillos que fumo desde que me dio cuenta que estaba embarazada.		
	E. I smoke about the same amount now as I did before I found out I was pregnant.				Yo fumo la misma cantidad que antes de dar cuenta que estaba embarazada.		
ASK client about other tobacco products							
1. Do you currently use smokeless tobacco products ?				Yes No			
(If yes, circle all that apply) Chew Snus Strips				Orbs Lozenges Electronic Cigarette	S		
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 – 1 st 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)							
READY TO QUIT (DATE)		1 1	1 1	1 1	•		
Quit since last visit (DATE)			/ /	/ /	5 Rs – Engage the 5 Rs with patients wh	10	
Still smoking					are not ready to quit		
Relapsed					Relevance: Encourage the patient		
Stayed Quit					to indicate why quitting could be personally relevant.		
ASSIST - For those who are ready to quit , provide pregnancy-specific counseling and information				Risks: Ask the patient to identify potential negative consequences of tobacco use			
Used a problem-solving method (i.e. identify triggers/support systems)					Rewards: Ask the patient to identify potential benefits of stopping tobacco use		
Assessed social environment (with whom/where do they smoke?)					Roadblocks: Ask the patient to identify barriers or impediments to		
Provided pregnancy-specific materials (<i>If You Smoke and are Pregnant</i>)					quitting. Note elements of treatment (problem solving, pharmacotherapy) that could address barriers		
Panotition: If pagible, repeat motivational as						h	
ARRANGE – Arrange for follow-up Referred to QuitlineNC					next time you come into contact with patient		
NCICITED IO	Zuitiliteive	1 1 1	1 1 1	1 1 1 1			



(check box, fill out referral & fax)