

# PRENATAL FIVE As INTERVENTION RECORD

Client Name: \_\_\_\_\_

Date of Birth:    /    /

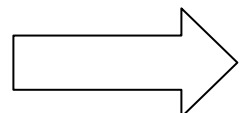
**Please choose the statement that best describes your smoking.  
Write the letter in the box.**

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 I am not smoking now.
- C. I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.
- D. I am still smoking now.

**THANK YOU!**

STAFF – PLEASE TURN FORM OVER



Developed by Smoke-Free Families with the support of The Robert Wood Johnson Foundation

## PRENATAL FIVE As INTERVENTION RECORD

STAFF – PLEASE FILL OUT THE FORM BELOW

Client Name: \_\_\_\_\_

Date of Birth:    /    /

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

Advised client to quit

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

Enter date of visit	1 <sup>st</sup> visit /    /	2 <sup>nd</sup> visit /    /	3 <sup>rd</sup> visit /    /
<b>NOT READY TO QUIT</b> (If checked <b>CONTINUE to ARRANGE</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>READY TO QUIT</b> (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"/>

**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	<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"/>

**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"/>
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# POST-NATAL FIVE As INTERVENTION RECORD

Client Name: \_\_\_\_\_

Date of Birth: / /

Please choose the statement that best describes your smoking.  
Write the letter in the box.

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 I am not smoking now.
- C. I stopped smoking **AFTER** I found out I was pregnant, and I am not smoking now.
- D. I stopped smoking during pregnancy, but I am smoking now.
- E. I smoked during pregnancy, and I am smoking now

Please tell us about your child's exposure to second-hand smoke.  
Circle YES or NO for each question.

## Mother

## CIRCLE

- a. Does the child's mother currently smoke in the **home**? YES NO
- b. Does the child's mother currently smoke in the **car**? YES NO

## Father

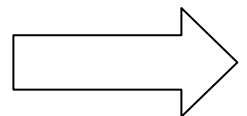
- a. Does the child's father smoke? YES NO
- b. Does the child's father currently smoke in the **home**? YES NO
- c. Does the child's father currently smoke in the **car**? YES NO

## Others

- a. Is the child exposed to tobacco smoke on a regular basis (at least 1 time per week) from anyone other than the parents? YES NO

**THANK YOU!**

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Quit since last visit (DATE)		/    /	/    /
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Assessed social environment (with whom/where do they smoke?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided parent-specific materials	<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"/>

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