PRENATAL FIVE As INTERVENTION RECORD

Client Name: _____   **Date of Birth:**   /   /

ASK client to choose the statement that best describes her smoking status

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 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.

Write the letter in the box

ADVISE - Clear, strong, personalized advice to quit - Note benefits for woman & whole family – 1st 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	**1st visit** / /	**2nd visit** / /	**3rd visit** / /
NOT READY TO QUIT (If checked **CONTINUE to ARRANGE**)	☐	☐	☐
READY TO QUIT (DATE)	/ /	/ /	/ /
Quit since last visit (DATE)		/ /	/ /
Still smoking		☐	☐
Relapsed		☐	☐
Stayed Quit		☐	☐

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)	☐	☐	☐
Assessed social environment (with whom/where do they smoke?)	☐	☐	☐
Provided pregnancy-specific materials	☐	☐	☐
Referred to Quit Line **(check box, fill out referral form and fax)**	☐	☐	☐

ARRANGE - Inform client you will talk further about cessation/staying quit at next visit			
Arranged (check box when complete)	☐	☐	☐

POST-NATAL FIVE As INTERVENTION RECORD

Client Name: _____   **Date of Birth:**   /   /

ASK client 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 **BEFORE** I found out I was pregnant and 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

ASK client about second hand smoke

Mother   **CIRCLE**

a. Does the child's mother currently smoke in the **home**?   Y   N

b. Does the child's mother currently smoke 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

c. Does the child's father currently smoke 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 – 1st 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	1st visit / /	2nd visit / /	3rd visit / /
NOT READY TO QUIT (If checked **CONTINUE to ARRANGE**)	☐	☐	☐
READY TO QUIT (DATE)	/ /	/ /	/ /
Quit since last visit (DATE)		/ /	/ /
Still smoking		☐	☐
Relapsed		☐	☐
Stayed Quit		☐	☐

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)	☐	☐	☐
Assessed social environment (with whom/where do they smoke?)	☐	☐	☐
Provided parent-specific materials	☐	☐	☐
Referred to Quit Line **(check box, fill out referral form and fax)**	☐	☐	☐

ARRANGE - Inform client you will talk further about cessation/staying quit at next visit		
Arranged (check box when complete)	☐	☐	☐