



Smoke Free Families

DATE: \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_\_\_

## 5 A's Intervention Record

New Patient

Is your client: Nonpregnant  Pregnant  Postpartum

*If 5 A's not complete, reason for incomplection:*

Last completed 5 A's step: ASK  ADVISE  ASSESS  ASSIST  ARRANGE

1. ASK	2. ADVISE	3. ASSESS	4. ASSIST	5. ARRANGE
<b>Smoking status:</b> Never <input type="radio"/> Former <input type="radio"/> Current <input type="radio"/>	<b>Topics:</b> Strong advice to quit <input type="radio"/> Benefits of quitting <input type="radio"/> Harms of smoking <input type="radio"/>	<b>Stage of change<sup>1</sup>:</b> Pre C P A M <b>Previous<sup>2</sup>:</b> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Current:</b> <input type="radio"/>	Follow-up from last visit. <input type="radio"/> Review problem-solving skills. <input type="radio"/> Provide self-help materials. <input type="radio"/> Provide social support. <input type="radio"/>	<b>Referral</b> Cessation specialist/program <input type="radio"/> Quit Line <input type="radio"/> Other <input type="radio"/> _____ _____
<b>For current smokers:</b> # days smoked _____ # cigarettes/day _____	Difficulty of quitting <input type="radio"/> Risks of secondhand smoke exposure <input type="radio"/> Smoke Free Pledge received <input type="radio"/>	Indicate if willing to quit in 30 days: <input type="radio"/> Reason for not quitting: _____	Identify local social support. <input type="radio"/> Set quit date: ___/___/___	Follow-up appointment: ___/___/___
<b>Indicate if there is Secondhand smoke exposure to:</b> Woman: <input type="radio"/> Dependent (Child): <input type="radio"/>				
<b>COMMENTS:</b> _____				

<sup>1</sup>Stage of Change: Pre=Pre-contemplation; C=Contemplation; P=Preparation; A=Action; M=Maintenance;

<sup>2</sup>Stage at previous appointment