



5A's Intervention Record

OPQC Perinatal SFF v. 13, 6/28/19

DATE ____ / ____ / ____ Staff Initials: _____

Select one:

- Initial Visit GA _____
- Follow up Visit (24+ weeks) GA _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ (MM/DD/YYYY) Zip Code: _____

Instructions: Complete 5A's Intervention Record on all initial pregnancy visits. If pt. replies YES to any questions in column 1 (Ask), complete form and then again at > 24 week follow up visit.*

***Highlighted sections below** contain questions from PRAF 2.0.

1. ASK	2. ADVISE <small>(Proceed if YES answered to any questions in column 1.)</small>	3. ASSESS	4. ASSIST	5. ARRANGE
<p>Smoking/Tobacco Status: Is the pt. currently smoking?</p> <p><input checked="" type="radio"/> YES </p> <p># Cigarettes/day _____</p> <p><input type="radio"/> NO</p> <ul style="list-style-type: none"> <input type="radio"/> Quit after pregnancy confirmed <input type="radio"/> Quit prior to pregnancy <input type="radio"/> Never <p>Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?</p> <p><input checked="" type="radio"/> YES </p> <p><input type="radio"/> NO</p>	<p>Was strong advice to quit addressing any of the following topics provided by clinical team members?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Benefits of quitting <input checked="" type="checkbox"/> Harms of smoking/tobacco <input checked="" type="checkbox"/> Difficulty of quitting <input checked="" type="checkbox"/> Risks of secondhand smoke exposure <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p>Is the woman willing to quit during pregnancy?</p> <p><input checked="" type="radio"/> YES </p> <p><input type="radio"/> NO</p> <p><input type="radio"/> Undecided</p> <p><input type="radio"/> Not Assessed</p> <div style="background-color: #f8d7da; padding: 5px; margin-top: 10px;"> <p>IF NO OR UNDECIDED:</p> <ol style="list-style-type: none"> 1. Offer personalized, relevant feedback about the importance of quitting 2. Explore perceived pros and cons of smoking and quitting 3. Discuss the 5R's of quitting tobacco use </div>	<p>Were self-help materials on smoking/tobacco cessation provided?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p>Was a quit date set?</p> <p><input type="radio"/> YES</p> <p>____ / ____ / ____</p> <p><input type="radio"/> NO</p> <p>Was pharmacotherapy recommended?*</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><small>*Should not replace counseling</small></p>	<p>Was referral to a smoking/tobacco cessation resource provided?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> Provided at previous visit</p> <p>What resources were offered: <small>(check all that apply)</small></p> <ul style="list-style-type: none"> <input type="radio"/> Managed Care Plan Assistance <input type="radio"/> Tobacco Treatment Specialist/Program <input type="radio"/> Quit Line <input type="radio"/> Baby and Me Tobacco Free <input type="radio"/> Other: _____