



**OREGON MATERNITY CASE MANAGEMENT
FIVE A's INTERVENTION RECORD (FAIR) FOR SMOKING CESSATION**

Client Name	DOB
Prenatal Care Provider:	Fax #

Use one column per visit.	1	2	3	4	5
At each visit, enter DATE/INITIALS.					

1	ASK all clients about their smoking status. Complete all that apply for clients who currently smoke or who have smoked in the past 6 months. <i>If client is not currently smoking, go to section 5.</i>
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1. If client is NOT CURRENTLY SMOKING and quit LESS THAN 6 months ago, enter the most recent quit date (or approximate). Go to section 5.					
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2. If client is currently smoking, enter the number of cigarettes smoked per day.					
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2	ADVISE smoking client to quit. Check here to indicate that the client was advised.
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3	ASSESS willingness to make a quit attempt within 30 days.
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1. If client is ready to try to quit, check here. Go to section 4.					
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2. If client is not ready to try to quit, provide motivational counseling. Check here to indicate such counseling was provided. Go to section 5.					
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4	ASSIST client with quitting. Check all that apply.
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1. Client received information and referrals.					
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2. Client accepted referral to the Quit Line.					
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3. Client did not accept referral to the Quit Line.					
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5	ARRANGE follow-up. Check if next visit planned.
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1. If follow-up plans were discussed, check here.					
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2. If intervention record was faxed to prenatal care provider, check here.					
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Initials	Signature	Printed Name	Agency
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