# PRENATAL SMOKING CESSATION FLOW SHEET

Name: ___________________________    Date: ______________

Phone numbers: Cell: ______________ Home: _________________ EDD: _______________

<table>
<thead>
<tr>
<th>ASK</th>
<th>ADVISE</th>
<th>ASSESS</th>
<th>ASSIST</th>
<th>ARRANGE</th>
</tr>
</thead>
</table>
| 1   | Date _______  
     _ Never smoke  
     _ Stop smoking before pregnant  
     _ Stop smoking when pregnant  
     _ Smoking but cut down  
     _ Smoking with no change | _ Benefits of quitting  
     _ Harm of smoking  
     _ Personalize message to quit  
     _ Acknowledge difficult to quit | Ready to quit or reduce in 30 days?  
     __ Yes  
     __ No  
     Reason for No: _______________ | Set quit/reduce date: _______  
     __ Discuss problem-solving  
     __ Resources provided  
     __ Support identified  
     Pharmacotherapy type: __________ | __ Referral to study, Quitline, counselor  
     F/U date: __________ |
| 2   | Date _______  
     Smoking status:  
     _ Smoking but cut down  
     _ Smoking with no change | _ Benefits of quitting  
     _ Harm of smoking  
     _ Personalize message to quit  
     _ Acknowledge difficult to quit | Ready to quit or reduce in 30 days?  
     __ Yes  
     __ No  
     Reason for No: _______________ | Set quit/reduce date: _______  
     __ Discuss problem-solving  
     __ Resources provided  
     __ Support identified  
     Pharmacotherapy type: __________ | __ Referral to study, Quitline, counselor  
     F/U date: __________ |
| 3   | Date _______  
     Smoking status:  
     _ Smoking but cut down  
     _ Smoking with no change | _ Benefits of quitting  
     _ Harm of smoking  
     _ Personalize message to quit  
     _ Acknowledge difficult to quit | Ready to quit or reduce in 30 days?  
     __ Yes  
     __ No  
     Reason for No: _______________ | Set quit/reduce date: _______  
     __ Discuss problem-solving  
     __ Resources provided  
     __ Support identified  
     Pharmacotherapy type: __________ | __ Referral to study, Quitline, counselor  
     F/U date: __________ |
| 4   | Date _______  
     Smoking status:  
     _ Smoking but cut down  
     _ Smoking with no change | _ Benefits of quitting  
     _ Harm of smoking  
     _ Personalize message to quit  
     _ Acknowledge difficult to quit | Ready to quit or reduce in 30 days?  
     __ Yes  
     __ No  
     Reason for No: _______________ | Set quit/reduce date: _______  
     __ Discuss problem-solving  
     __ Resources provided  
     __ Support identified  
     Pharmacotherapy type: __________ | __ Referral to study, Quitline, counselor  
     F/U date: __________ |