Tennessee Intervention for Pregnant Smokers (TIPS)
5 A’s Checklist and Report

**Date of Visit:** __/__/____

**Gestational Age:** __________ wks

1. **ASK** (circle patient’s response)
   “Which Of The Following Best Describes Your Current Smoking Habits?”:
   A. I have NEVER smoked or have smoked fewer than 100 cigarettes in my lifetime
   B. I STOPPED smoking BEFORE I found out I was pregnant and I am not smoking now
   C. I STOPPED smoking AFTER I found out I was pregnant, and I am not smoking now
   D. I smoke some now, but I have CUT DOWN on how much I smoke since I found out I was pregnant (amount currently smoking: __________/day)
   E. I smoke regularly now, about the SAME as before I found out I was pregnant (amount currently smoking: __________/day)

   If B or C, reinforce her decision to quit, congratulate her on her success, and encourage her to stay smoke free. If D or E, proceed below

2. **ADVISE**
   __________ Personalized Message To Quit (check after stating)
   SAY: “As your clinician, my best advice for you and your baby is for you to quit smoking. I need you to know that quitting smoking is the most important thing you can do to protect your baby and improve your own health.”

3. **ASSESS**
   - **ASK:** “Which Of The Following Best Describes Your Current Smoking Habits?”:
     A. I have NEVER smoked or have smoked fewer than 100 cigarettes in my lifetime
     B. I STOPPED smoking BEFORE I found out I was pregnant and I am not smoking now
     C. I STOPPED smoking AFTER I found out I was pregnant, and I am not smoking now
     D. I smoke some now, but I have CUT DOWN on how much I smoke since I found out I was pregnant (amount currently smoking: __________/day)
     E. I smoke regularly now, about the SAME as before I found out I was pregnant (amount currently smoking: __________/day)

   If B or C, reinforce her decision to quit, congratulate her on her success, and encourage her to stay smoke free. If D or E, proceed below

   - **ASK**: “How willing are you to quit smoking in the next 30 days?”

     
     
     | Not at all | Moderately Willing | Extremely Willing |
     |------------|--------------------|------------------|
     | 0          | 1                  | 2                |
     | 3          | 4                  | 5                |
     | 6          | 7                  | 8                |
     | 9          | 10                 |                  |

   Identify factors (check all that apply):
   - ___ More Information About/Better Understanding Of/Belief In the Health Risks
   - ___ Fewer Barriers
   - ___ Less Fear/Better Understanding of Withdrawal Effects & Ways to Cope
   - ___ More Confidence in Ability to Quit
   - ___ Greater Level of Support
   - ___ Other; (Specify: __________)

4. **ASSIST**
   Will patient set a quit date? ___ No ___ Yes ______
   Assistance Offered:
   - ___ TIPS Patient Packet Provided/Referenced
   - ___ ID Health Hazards/Benefits of Quitting for both Patient & Baby
   - ___ ID Cost Savings & Suggest Personal Rewards
   - ___ Discussed Withdraw Symptoms/Duration/Ways to Manage
   - ___ ID Roadblocks/Triggers
   - ___ Discussed Alternative Ways to Cope/Manage Stress
   - ___ Discussed Second-hand Smoke & Managing Others Smoking Around Her
   - ___ ID Supportive People/Organizations/Resources to Help Her;
     (Specify: __________)
     ___ Provide personal and practice support;
     (Specify: __________)
     ___ Other materials/resources/assistance offered
     (Specify: __________)

5. **ARRANGE**
   Inform patient you will talk more about smoking cessation at next visit
   ___ Referral(s); (Specify: __________)

   **How Receptive Was The Patient To The Intervention Attempt?**
   ___ Not at all ___ Somewhat ___ Very

   **Signature of Attending:** ________________________________

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**Reimbursement Codes:**

- **ICD-9-CM Code 305.1** (tobacco use disorder, tobacco dependence)
- **CPT Code 99401** (15-minute PHYSICIAN-provided counseling) with modifier 25 as part of regular prenatal visit
  – OR – **CPT Code 99211** (NURSE counseling)

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“See Bottom Of Page For Reimbursement Codes”

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Patient Name: ________________________________