



# **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.**

At each visit, enter DATE/INITIALS.

	1	2	3	4	5
<b>1</b> <b>ASK all clients about their smoking status.</b> 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>					
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.					
2. If client is currently smoking, enter the number of cigarettes smoked per day.					
<b>2</b> <b>ADVISE smoking client to quit.</b> Check here to indicate that the client was advised.					
<b>3</b> <b>ASSESS willingness</b> to make a quit attempt within 30 days.					
1. If client is ready to try to quit, check here. Go to section 4.					
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.					
<b>4</b> <b>ASSIST client with quitting.</b> Check all that apply.					
1. Client received information and referrals.					
2. Client accepted referral to the Quit Line.					
3. Client did not accept referral to the Quit Line.					
<b>5</b> <b>ARRANGE follow-up.</b> Check if next visit planned.					
1. If follow-up plans were discussed, check here.					
2. If intervention record was faxed to prenatal care provider, check here.					

Initials	Signature	Printed Name	Agency
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