Patient Name (Last, First)	**DOB / /**	Expected Month/Year of delivery

PREnatal Visit Date															
1. ASK - Ask the patient to choose the statement that best describes her smoking status (using flip card)															
A. Never < 100 cigarettes															
B. Former > 1 year															
C. Stopped < 1 year															
D. Cut Down															
E. Current															
For B, C, D, & E															
2. ADVISE - Clear, strong advice to quit (or stay quit) - personalized messages, cessation benefits to woman and fetus															
Advised															
*Provide ***clear, strong*** advice to quit w/***personalized messages*** about benefits of quitting & impact on woman & fetus															
*Should stress quitting is one of **most important actions** a woman can take to improve the outcome of pregnancy															
*Note that quitting smoking has **immediate benefits** to women of all ages															
For D & E **START on all subsequent visits**															
3. ASSESS - Assess the willingness of patient to quit in the next 30 days - "*we can help you, would you like to try*"															
Ready to quit - **Target**															
Not ready to quit - **Current**															
Still Smoking (subsequent visits)															
Relapsed (subsequent visits)															
Stayed Quit (subsequent visits)															
For those who are **Ready to Quit - "Target"**															
4. ASSIST - Provide pregnancy specific counseling and information to assist in cessation															
for cessation examples - identify "trigger" situations/support systems															
Assess social environment - with whom/where do they															
Provide Pregnancy-Specific Materials															
Referral to the Help Line															
Set Quit Date															
Enter Quit Date															
For ALL patient's															
5. ARRANGE - Inform patient you will talk further about staying quit/cessation/second hand smoke exposure at next visit															
Arranged															