



Place patient label here

Commented [GB(HP1): Tobacco

Smoking Counseling Sheet

- 1. **ASK**
 No. of children _____
 No. of previous pregnancies _____
 Pregnant _____ yes _____ no
 Smoked throughout last pregnancy _____ yes _____ no _____ n/a
 No. of years smoked _____
 No. of previous attempts to quit _____
 No. of smokers in household _____ _____ Review SHS effects
 Current smoker _____ Recent smoker _____
 Cigarettes smoked per day _____
 Smokes within 30 minutes of waking _____ yes _____ no
 Believes harmful effects on fetus/child _____ yes _____ no
 Thinking about quitting _____ yes _____ no
 Ready to quit next month _____ yes _____ no _____ not sure

- 2. **ADVISE**
 _____ Acknowledge difficulty of quitting
 _____ Review health effects of smoking on fetus/children in household
 _____ Review maternal health effects
 _____ Give clear and direct message to quit

- 3. **ASSESS**
 _____ Not interested in quitting
 _____ Not ready to quit
 _____ Willing to learn more about quitting
 _____ Ready to quit in the next month
 _____ Recent quitter

- 4. **ASSIST**
 _____ Provide and review **Make Yours a Fresh Start Family booklet**
 _____ Set a quit date if ready to quit ____/____/____
 _____ Other plans _____

Commented [GB(HP2): Quit Now Kentucky fact sheet and/or refer to Freedom from Smoking clinics

- 5. **ARRANGE**
 Referrals _____

Staff signature and date:

Notes:

