

Maternity Care Program Smoking Cessation

1. _____ was smoking ___ cigarettes per day at her first visit.
2. _____ was not smoking at her first visit.
3. Smoking Cessation information given on _____.
4. Provided **Smoking Quitline number 1-800-Quit-Now (1-800-784-8669)** on_____.
5. Counseled on Smoking and Effects on Pregnancy on_____.
6. _____ was not smoking as per interview at postpartum visit.

1st Encounter

Date	Smoking Status	Action Taken	Initials
	<input type="checkbox"/> Smoking <input type="checkbox"/> Has Quit <input type="checkbox"/> Using Patches	Counseled and <input type="checkbox"/> Provided support <input type="checkbox"/> Praised and provided support	

2nd Encounter

Date	Smoking Status	Action Taken	Initials
	<input type="checkbox"/> Smoking <input type="checkbox"/> Has Quit <input type="checkbox"/> Using Patches	Counseled and <input type="checkbox"/> Provided support <input type="checkbox"/> Praised and provided support	

Other Encounter

Date	Smoking Status	Action Taken	Initials
	<input type="checkbox"/> Smoking <input type="checkbox"/> Has Quit <input type="checkbox"/> Using Patches	<input type="checkbox"/> Counseled <input type="checkbox"/> Praised	