**STEP One: ASK** about Tobacco Use  
**Suggested Dialogue**  
- Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?  
  - I take time to talk with all of my patients about tobacco use—because it's important.  
- Condition X often is caused or worsened by exposure to tobacco smoke. Do you, or does someone in your household smoke?  
- Medication X often is used for conditions linked with or caused by smoking. Do you, or does someone in your household smoke?  

**STEP Two: Strongly ADVISE** to Quit  
**Suggested Dialogue**  
- Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to design a treatment plan.  
- Prior to imparting advice, consider asking the patient for permission to do so – e.g., “May I tell you why this concerns me?” [then elaborate on patient-specific concerns]  

**STEP Three: ASSESS** Readiness to Quit  

<table>
<thead>
<tr>
<th>Do you use tobacco?</th>
<th>Never</th>
<th>No intervention required—Encourage continued abstinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Used to use it</td>
<td>How long ago did you quit?</td>
</tr>
</tbody>
</table>

- **PRE-CONTEMPLATION**  
  - Provide motivational intervention  

- **CONTEMPLATION**  
  - Enhance motivation; discuss the 5 R’s  

- **PREPARATION**  
  - Provide 5 A’s intervention or (in absence of time or expertise) Ask-Advise-Refer  

- **ACTION**  
  - Help patient through quitting process; prevent relapse  

- **MAINTENANCE**  
  - Prevent relapse*  

* Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.  


**STEP Four: ASSIST** with Quitting  

- **Assess Tobacco Use History**  
  - Current use: type(s) of tobacco used, amount  
  - Past use:  
    - Duration of tobacco use  
    - Changes in levels of use recently  
  - Past quit attempts:  
    - Number of attempts, date of most recent attempt, duration  
    - Methods used previously—What did or didn’t work? Why or why not?  
    - Prior medication administration, dose, adherence, duration of treatment  
    - Reasons for relapse  

- **Discuss Key Issues** (for the upcoming or current quit attempt)  
  - Reasons/motivation for wanting to quit (or avoid relapse)  
  - Confidence in ability to quit (or avoid relapse)  
  - Triggers for tobacco use  
  - Routines and situations associated with tobacco use  
  - Stress-related tobacco use  
  - Concerns about weight gain  
  - Concerns about withdrawal symptoms  

- **Facilitate Quitting Process**  
  - Discuss methods for quitting: pros and cons of the different methods  
  - Set a quit date: more than 2–3 days away but less than 2 weeks away  
  - Recommend Tobacco Use Log  
  - Discuss coping strategies (cognitive, behavioral)  
  - Discuss withdrawal symptoms  
  - Discuss concept of “slip” versus relapse  
  - Provide medication counseling: adherence, proper use, with demonstration  
  - Offer to assist throughout the quit attempt  

- **Evaluate the Quit Attempt** (at follow-up)  
  - Status of attempt  
  - Address “slips” and relapse  
  - Medication compliance, extent to which nicotine withdrawal is being alleviated with current regimen, and plans for discontinuation of medication(s)  

**STEP Five: ARRANGE** Follow-up Counseling  

- Monitor patients’ progress throughout the quit attempt. Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes.  
- Address temptations and triggers; discuss relapse prevention strategies.  
- Congratulate patients for continued success.  

*Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is not at risk for re-initiation.