**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: 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**

**Suggested Dialogue**
- For current tobacco users: What are your thoughts about quitting? Might you consider quitting sometime in the next month?

<table>
<thead>
<tr>
<th>Does the patient now use tobacco?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient now ready to quit?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Did the patient once use tobacco?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Enhance motivation and Discuss the 5 R’s:**
- Relevance, Risks, Rewards, Roadblocks, Repetition

<table>
<thead>
<tr>
<th>Provide 5 A’s intervention or (in absence of time or expertise)</th>
<th>Prevent relapse*</th>
<th>Encourage continued abstinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask-Advise-Refer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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, amount, time to first cigarette
- Past use:
  - Duration of tobacco use
  - Recent changes in levels of use
- 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: ideally, 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 and engagement in quitting program; “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 strategies to prevent relapse.
- Congratulate patients for success and reinforce need for continued support.