**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?

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

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<tr>
<th>Did the patient once use tobacco?</th>
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<tbody>
<tr>
<td>YES</td>
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<tr>
<td>NO</td>
</tr>
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Enhance motivation and Discuss the 5 R's: Relevance, Risks, Rewards, Roadblocks, Repetition

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

Prevent relapse*

Encourage continued abstinence

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* 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.