**STEP One: ASK about Tobacco Use**

- **Suggested Dialogue**
  - Do you ever smoke or use any type of tobacco?
    - 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.
  - What are your thoughts about quitting? Might you consider quitting sometime in the next month?

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

- Foster motivation
- Provide treatment
- Prevent relapse*
- Encourage continued abstinence

The 5 R’s
- The 5 A’s or referral

* 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 and recent changes in 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, compliance, 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- and mood-related tobacco use
  - Concerns about weight gain
  - Concerns about withdrawal symptoms
  - Monitoring of psychiatric symptoms during quit attempt

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

- **Evaluate the Quit Attempt** (at follow-up)
  - Status of attempt
  - “Slips” and relapse
  - Medication compliance and plans for discontinuation
  - Any changes in psychiatric symptoms or psychiatric medications

**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 continued success.