**“5A’s” Tobacco Cessation Counseling**

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| --- | --- | --- | --- |
| Consumer Name |  | Date |  |
| Beginning Time |  Ending Time | Chart # |  |
| **Ask** every consumer about tobacco use (1 minute):[ ]  Consumer does not smoke.[ ]  Consumer recently quit smoking.[ ]  Consumer is a light smoker (fewer than 25 cigarettes per day).[ ]  Consumer is a heavy smoker (25 or more cigarettes per day).How many times does consumer use tobacco on a typical day? \_\_\_\_\_ |
| **Advise** all smokers/tobacco users of the consequences of tobacco use (1 minute):[ ]  Present benefits of quitting (hand out flyer)[ ]  Encourage recent quitters to continue abstinence.[ ]  Personalized message to quit[ ]  Present strong, compelling evidence that is relevant to the patient about the importance of quitting.

|  |  |
| --- | --- |
| * *Coughing*
 | * *Lung and other forms of cancer*
 |
| * *Shortness of breath*
 | * *Gum disease and tooth loss*
 |
| * *Premature signs of aging*
 | * *Emphysema*
 |
| * *Cardiovascular disease*
 | * *Respiratory disease*
 |
| * *Women who smoke have a higher risk of never becoming pregnant.*
 |
| * *Women who smoke during pregnancy have a greater chance of complications.*

[ ]  Recognize the difficulty of quitting |

 |
| **Assess** tobacco user’s willingness to make a quit attempt (1 minute):[ ]  Is the consumer willing to quit within the next 30 days.[ ]  If the consumer is willing to attempt to quit using tobacco, move on to the *Assist* step.[ ]  If the consumer is not willing to quit, address the consumer’s concerns about trying to quit.Reasons for not quitting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Assist** with treatment and referrals (3+ minutes):[ ]  If applicable, review strategies that helped during previous quit attempts.[ ]  Develop approaches to manage withdrawal symptoms.[ ]  Remove all tobacco products from the home.[ ]  Help the patient identify a support network.[ ]  Discuss what to do in situations when the consumer would normally smoke.[ ]  Document the extent of the intervention for assessment of the quit attempt at the next visit. (needs to be added to the Treatment Plan)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Provide materials[ ]  Refer to 1 800 QUIT NOW – Fax Referral Form |
| **Arrange** Follow-up (1 minute)[ ]  Assess smoking status at every visit.[ ]  Ask consumer about the quitting process.[ ]  Reinforce the steps the consumer is taking to quit.[ ]  Provide encouragement./ Express willingness to help.[ ]  Set follow up appointment |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Signature |  | Credentials |  |

*\*If the consumer reports they want to quit providers should complete*

***1800 QUIT NOW*** *Fax Referral Forms and submit*

 *Also, quitting needs to be put on TxPlan*