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

|  |  |  |  |
| --- | --- | --- | --- |
| 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*