

SAMPLE BRIEF INTERVENTION/ASSESSMENT PROTOCOL

ASK – Systematically identify all tobacco uses at every visit

SMOKING STATUS: [check one]

- | | | |
|--|-------|---------------------------------------|
| <input type="checkbox"/> NEVER SMOKED | → → → | Encourage continued abstinence |
| <input type="checkbox"/> RECOVERING SMOKER | → → → | Any further help needed at this time? |

- ☐ SMOKER ☐ OTHER TOBACCO USE (snuff, chew, etc...)

Average number of cigarettes smoked per day? _____

How soon after waking do you smoke your 1st cigarette? _____

ADVISE – Strongly urge all tobacco users to quit

- ☐ Provide a clear, strong personalized message to quit and stay quit

ASSESS – Determine willingness and readiness to make a quit attempt

STAGE OF CHANGE

- | | |
|--|--|
| <input type="checkbox"/> Pre-contemplation (<i>Not considering quitting</i>) | <input type="checkbox"/> Action (<i>Off tobacco 1 day to 6 months</i>) |
| <input type="checkbox"/> Contemplation (<i>Thinking about quitting</i>) | <input type="checkbox"/> Maintenance (<i>Off cigarettes 6 mos or more</i>) |
| <input type="checkbox"/> Preparation (<i>Ready to quit in next 30 days</i>) | |

If in preparation, ask: What steps have you taken to prepare for your quit attempt? _____

MOTIVATION & CONFIDENCE IN QUITTING

- | | |
|--|---|
| <input type="checkbox"/> How important is it for you to quit? | <i>Not at all 1...3...5...7...10 Urgent</i> |
| <input type="checkbox"/> How interested are you in quitting? | <i>Not at all 1...3...5...7...10 Urgent</i> |
| <input type="checkbox"/> How confident are you that you could succeed at quitting? | <i>Not at all 1...3...5...7...10 Very</i> |
| <input type="checkbox"/> If you were to quit, what would be some reasons? _____ | |

ASSIST – Aid the client in quitting

- ☐ Evaluate past quitting experience:
Number of previous quit attempts? _____
Specify experience with pharmacotherapy (gum, patches, inhaler, Zyban/Wellbutrin): _____
- ☐ Discuss quitting strategies & treatment options: • NRT • Tapering • Cold Turkey • Self-help materials • NicA
Check client preferences: Counseling: • Group _____ • Individual _____ • Pharm/NRT _____
Give materials; encourage support & use of telephone counseling @ Quitline 1-800 TRYTOSTOP or
www.trytostop.org
- ☐ Client is medically approved to use NRT

ARRANGE – Schedule follow-up contact

- ☐ Offered referral to Tobacco Treatment Specialist: Client would like to be contacted: _____
Client does **not** want to be contacted: _____

CLINICAL NOTES:

Name: _____ Chart #: _____ Date: _____

Notes:

Provider's Initials: _____