

Brief Tobacco Intervention – 5As

Client/Patient Name _____ Date _____

ASK – Systematically identify all tobacco users at every visit. For current smokers: *"Tell me about your tobacco use."*

Smoking Status: (check one)

- | | | |
|---------------------------------------|-------|----------------------------------------------------------------------|
| <input type="checkbox"/> Never Smoked | → → → | <input type="checkbox"/> Encourage continued abstinence |
| <input type="checkbox"/> Ex-Smoker | → → → | <input type="checkbox"/> Any further help needed at this time? _____ |

- ☐ Cigarettes: Average number of cigarettes/small cigars smoked per day? _____
How soon after waking do you smoke your 1st cigarette? _____
- ☐ Other Tobacco Use (snuff, big cigars, chew, pipe, e-cigs, etc.) _____

ADVISE – Urge all tobacco users to quit: *"Most people already know that smoking is harmful. For you some of the health benefits of quitting will be....What are your concerns about continuing to smoke?"*

ASSESS – Determine motivation, confidence, and readiness to make a quit attempt:

- **Motivation & Confidence in Quitting:** *"On a scale of 1 to 10"*

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

- **Stage of Change:** *"What are your thoughts about quitting at this time?"*

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Pre-contemplation (not considering quitting) | <input type="checkbox"/> Action (off tobacco 1 day to 6 months) |
| <input type="checkbox"/> Contemplation (thinking about quitting) | <input type="checkbox"/> Maintenance (off cigarettes 6 mos. or more) |
| <input type="checkbox"/> Preparation (ready to quit in next 30 days) | |

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

ASSIST – For those interested in quitting: *"Can we discuss how you might go about quitting?"*

- ☐ Review past quitting experience:
Number of previous quit attempts: _____ Most recent quit attempt: _____
Reason for relapse: _____
Quit smoking medications used (patches, gum, lozenges, inhaler, bupropion, varenicline): _____

☐ Discuss potential quit date: _____

☐ Identify triggers, coping strategies and barriers to quitting: _____

- ☐ Recommend use of medication; encourage client to speak with PCP or tobacco counselor about appropriate meds

ARRANGE – Refer to other support services

- ☐ Offer referral to local quitline: Client accepted referral: _____ Client did not accept referral: _____ Why not? _____
- ☐ Encourage use of telephone quitline @ 1-800-QUIT NOW (1-800-784-8669)
- ☐ Encourage use of web-based support: www.smokefree.gov

Notes:

Health worker's signature_____Date_____