

Patient's Name _____ Date _____

“5As” Tobacco Cessation Counseling

Beginning time: _____

<p>Ask every patient about tobacco use (1 minute):</p> <p>Patient does not smoke. Patient is a former smoker. Patient recently quit smoking in the last 30 days. Patient is a light smoker (fewer than 10 cigarettes per day). Patient is moderate smoker (10 to 20 cigarettes per day). Patient is a heavy smoker (25 or more cigarettes per day).</p>
<p>Advise all smokers/tobacco users of the consequences of tobacco use (1 minute):</p> <p>Encourage recent quitters to continue abstinence. Present strong, compelling evidence that is relevant to the patient about the importance of quitting.</p> <ul style="list-style-type: none"> • <i>Coughing</i> • <i>Shortness of breath</i> • <i>Premature signs of aging</i> • <i>Cardiovascular disease</i> • <i>Women who smoke have a higher risk of never becoming pregnant.</i> • <i>Women who smoke during pregnancy have a greater chance of complications.</i> • <i>Lung and other forms of cancer</i> • <i>Emphysema</i> • <i>Respiratory disease</i>
<p>Assess tobacco user’s willingness to make a quit attempt (1 minute):</p> <p>e Is the patient willing to quit within the next 30 days. e If the patient is willing to attempt to quit using tobacco, move on to the Assist step. If the patient is not willing to quit, address the patient’s concerns about trying to quit.</p>
<p>Assist with treatment and referrals (3+ minutes):</p> <p>e If applicable, review strategies that helped during previous quit attempts. e Develop approaches to manage withdrawal symptoms. Discuss proper use of pharmacotherapy. Pharmacotherapy prescribed: _____. e Remove all tobacco products from the home. e Help the patient identify a support network. e Discuss what to do in situations when the patient would normally smoke. Document the extent of the intervention for assessment of the quit attempt at the next visit.</p> <p>_____</p> <p>_____</p>
<p>Arrange follow-up (1 minute):</p> <p><input type="checkbox"/> Assess smoking status at every visit. Reinforce the steps the patient is taking to quit. Ask patient about the quitting process. Express willingness to help. Referred to the Oklahoma Tobacco Helpline.</p>

Ending time: _____

Provider signature: _____

Credentials: _____

Providers are encouraged to refer patients to the
 Oklahoma Tobacco Helpline:
1-800-QUIT-NOW