



## 5A's QUICK GUIDE

Helping tobacco users willing to quit

### ASK about tobacco use at every visit

- "Do you currently use tobacco?"
- Document tobacco-use status using these tools: *Vital Signs Stickers, Encounter Checklist*

### ADVISE all tobacco users to quit

- "As your healthcare provider, I strongly advise you to quit."
- "The single most important thing you can do to protect your health is to stop smoking, and I can help you."

### ASSESS patient's willingness to quit

- "Are you ready to make a quit attempt in the next 30 days?"
- If "yes," proceed to the next step: ASSIST
- If "no," turn this card over to follow 5 R's, give patient this tool: *No, I'm Not Ready to Quit or Maybe: I'm Thinking About Quitting*

### ASSIST patient in quitting

- Set a quit date and form a quit plan. Give patient this tool: *Yes, I'm Ready to Quit*
- Enlist support of family, friends, co-workers
- Anticipate challenges and triggers
- Give patient this tool: *Quick Tips Rx for Staying Smoke Free*
- Review lessons from past quit attempts
- Prescribe appropriate pharmacotherapy unless contraindicated
- Consult these tools: *Pharmacotherapy Quick Guide, Treating Tobacco Use and Dependence*

### ARRANGE follow-up

- Schedule phone or office visit, preferably within the first week after patient's quit date.
  - Congratulate success
  - or
  - Review circumstance that caused lapse
  - Ask for recommitment to total abstinence
  - Consider referral to more intense treatment
- Assess pharmacotherapy use, and revise or combine as necessary

For telephone counseling: 1-877-YES-QUIT  
For referrals to community resources: 1-800-ACS-2345  
For Web information: [www.cancer.org](http://www.cancer.org)



## 5R's QUICK GUIDE

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### RELEVANCE

*Help patient identify personally relevant reasons for quitting.*

Your counseling holds the greatest impact if it is specific to a patient's health status, age, gender, family or social situation, prior quitting experience and any identified barriers to cessation.

### RISKS

*Invite patient to discuss negative consequences of tobacco use.*

- Acute risks: shortness of breath, impotence, exacerbation of asthma, infertility, harm to pregnancy, more susceptible to colds and bronchitis
- Long-term risks: heart attack and stroke; cancers of the lung, larynx, esophagus, pancreas, bladder, cervix, emphysema; need for extended care
- Environmental risks: lung cancer and heart disease in spouses; asthma, middle ear disease, SIDS, respiratory infections and low birth weight in children; children who smoke

### REWARDS

*Invite patient to name personally relevant benefits of quitting.*

- Feel, look and perform better
- Live longer
- Improve your sense of smell and taste
- Save money
- Have fresher-smelling clothing, home, car and breath
- Stop worrying about health risks
- Have more time at work and play
- Have healthier babies and children
- Set a good example for children

### ROADBLOCKS

*Ask patient to identify barriers to quitting and suggest treatment for specific barriers.*

- Withdrawal symptoms or prolonged craving
- Weight gain
- Depression or negative mood
- Fear of failure
- Lack of support in quitting
- Feeling deprived or unmotivated

### REPETITION

*Repeat the above motivational techniques every time an unmotivated patient visits, and tell patient:*

- *"Most people make repeated attempts to quit before they are successful."*
- *"Almost a quarter of U.S. adults—46 million people—are former smokers."*
- *"Quitting isn't easy, but it's not impossible; more than 3 million people quit each year."*
- *"One-half of all people who have ever smoked have now quit."*