5-A Flow Chart

Ask the patient whether he or she smokes.

If "Vac"

Offer personalized advice about stopping smoking (e.g. "Quitting smoking is the most important action that you can take to stay healthy").

Determine if the patient is interested in quitting at this time.

If the answer is "Yes, in the next 30 days"

If the answer is "No"

If the answer is "Yes, but not now"

Ask the smoker to set a quit date:

Assess prior efforts:

- "What have you tried?"
- "What worked?"
- "What didn't work?"

Help the smoker make a plan: Offer pharmacotherapy Offer behavioral support -

- Booklet
- Refer to counseling program, telephone counseling and online resources

Express confidence in the Smoker's ability to quit.

Identify and address barriers to quitting:

- Nicotine dependence
- · Fear of failure
- Lack of social support (E.g. Family and friends smoke)
- Little self confidence in ability to stop smoking
- · Concerns about weight gain
- Depression
- Substance abuses

Identify reasons to quit:

- Health related
- Other

Ask patient to set a quit date

Use motivational strategies Avoid arguments:

Acknowledge smoker's ambivalence about quitting.

Elicit smoke's view of the pros and cons of smoking and smoking cessation.

Correct smoker's misconceptions about health risks of smoking and the process of quitting smoking.

Discuss the risks of passive smoking for family and friends. Advise the patient ti establish a no-smoking policy at home.

Offer to help the smoker when he or she is ready to quit.

Arrange for a follow-up visit soon after the quitting date.

Follow-up with the patient at the next visit.

Follow-up with the patient at the next visit.

Smoking-Cessation Strategy for Physicians

The strategy uses the five steps – (the Five A's) recommended in the Public Health Services Guidelines: ask, advise, assess, assist and arrange follow-up.