Supplement S2.

Protocol for smoking cessation in oral health consultations

If the patient is a motivated smoker, the oral hygienist should use the "5As" approach or the "2As+A/R" approach to guide the intervention (Figure S1). Table S2 details this approach, providing examples and clinical notes.

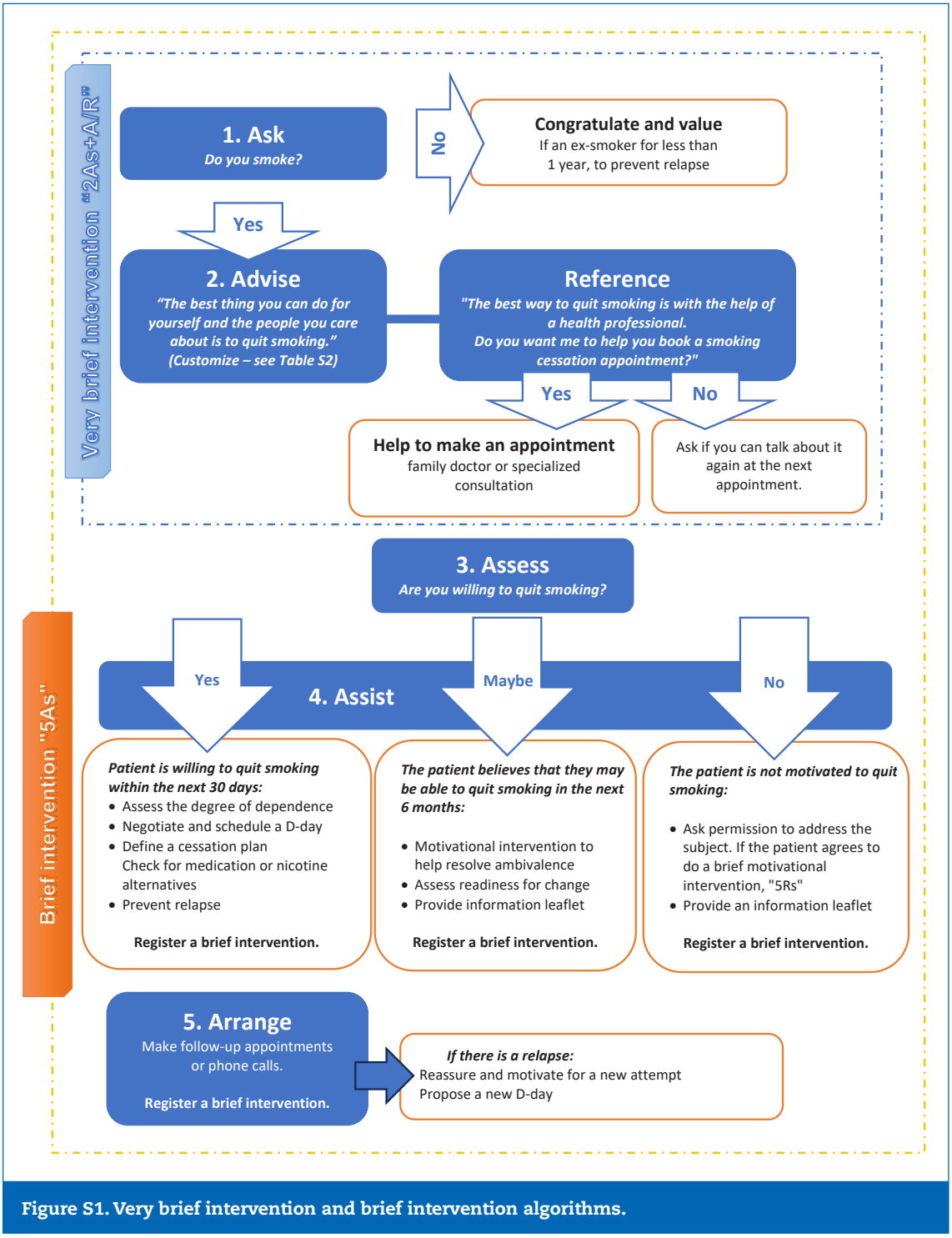

Figure S1. Very brief intervention and brief intervention algorithms.

Table S2. The "5As" approach in the oral health consultation.

Stage	Purpose	Key questions	Examples and clinical notes
Ask	Identify and record tobacco use in all patients aged 15 years and older. Review and update this information regularly.	– Do you smoke or use any tobacco products? – How long have you been smoking, and how often? – Have you ever tried to quit before?	Record tobacco use in the clinical file and review periodically. Create a routine to ask every patient at each check-up.
Advise	Clearly, empathetically, and personally advise the patient to quit smoking. Explain oral and general health risks and highlight immediate and long-term benefits of cessation.	Use empathetic, non-judgmental communication. Tailor the message to the patient's condition.	– "Tobacco affects your mouth directly — it causes gum inflammation, bad breath, and stains on teeth and mucosa. It also slows healing and increases the risk of tooth loss." – "Your body starts to recover just weeks after quitting." – **For patients with gum disease:** "Did you know that tobacco is one of the main factors that worsen gum disease? Even with good hygiene, smoking reduces your mouth's natural defense." – For stained teeth: "These stains are caused by smoking and will keep returning while you smoke. Quitting helps restore your natural tooth color and fresh breath." – **For pregnant patients:** "Smoking reduces oxygen to your baby, affects growth, and increases the risk of premature birth." – **For adolescents:** "Even young smokers notice less physical endurance and older-looking skin. Quitting improves appearance and energy quickly." – **For parents:** "Stopping smoking protects your children's health, as secondhand smoke increases their risk of respiratory infections and asthma."
Assess	Evaluate the patient's readiness and motivation to quit smoking.	– Have you thought about quitting or cutting down? – On a scale of 0–10, how motivated do you feel to quit? – (Optionally) Apply the Richmond test to assess motivation.	If motivation is **low**, apply the **5Rs motivational approach** and offer support when they're ready. If motivation is **high**, proceed to the **Assist** stage and plan cessation.
Assist	Provide practical and personalized support — identify reasons, strategies, and referrals.	If the patient plans to quit **within the next 30 days**: • Set a quit date ("D-Day") • Develop strategies for managing withdrawal and preventing relapse (for example, removing objects related to smoking, distancing from friends when smoking, involving family members for support) • Discuss medication options if needed • Provide contacts, quit line, or online support information • Use the **Fagerström test** to assess nicotine dependence and treatment needs If the patient plans to quit **within the next 6 months**: • Help resolve ambivalence with empathy • Encourage communication with family/friends and self-efficacy • If the partner also smokes, promote quitting together	– "Would you like to talk about small changes to help reduce your smoking gradually?" – "Would you like me to refer you to a smoking cessation clinic?" – "Nicotine replacement therapies increase success rates — would you like to know how they work?"
Arrange	Ensure follow-up and positive reinforcement in future visits.	– Schedule follow-up appointments or phone calls. – Assess progress, reinforce motivation, and celebrate success. – If relapse occurs, encourage a new attempt and continue support.	– "At your next visit, we can see how your quitting process is going." – "Even if you smoke again, don't give up; each attempt brings you closer to success." – "Congratulations on your progress! Every smoke-free day improves your health."

Ex-smokers remain a high-risk group, as relapse can occur at any time. Although most relapses occur in the early phase of smoking cessation, behavior change may regress months or even years later. Relapse is particularly common in the first three months after quitting, making this period critical for enhanced support. Therefore, follow-up appointments or telephone contacts are strongly recommended within 1–2 weeks of cessation. It is essential to inform patients that, during the initial abstinence period, they may experience withdrawal symptoms such as coughing, dizziness, or sleep disturbances, as well as an increased urge to smoke. These symptoms are expected to diminish over time. Reinforcing the health benefits of cessation and the risks of continued tobacco use is also important. Additionally, recommending regular physical activity and a healthy, balanced diet may help counteract the weight gain commonly associated with quitting.

In contrast, when dealing with patients who smoke but are not ready to quit, the intervention should focus on motivational strategies to address ambivalence and enhance readiness for change (5Rs' approach) (Table S3). If the patient is not receptive, clinicians should seek permission to revisit the topic at a future appointment.

Table S3. The 5Rs of motivational intervention for smoking cessation

Stage	Purpose / focus	Key questions / how to act	Examples / clinical notes
Relevance	Encourage the patient to recognize why quitting smoking is personally important. Focus on individual reasons (health, family, finances, relationships).	– Why would quitting smoking be important to you right now? – What makes you want to stop smoking?	Personalize motivation and link it to the patient's own life and values (e.g., "being a role model for children").
Risks	Explore negative consequences of tobacco use (short- and long-term).	– What risks does smoking pose to your health? – Which consequences worry you the most? – What do you dislike about smoking?	Highlight oral and general health risks: gum disease, tooth loss, bad breath, and cancer.
Rewards	Identify the benefits and gains of quitting. Reinforce positive outcomes.	– What benefits would you gain if you stopped smoking?	Emphasize better oral health, fresher breath, whiter teeth, saving money, more energy, and better overall health.
Resistances	Identify barriers or difficulties that prevent quitting. Validate challenges and find solutions together.	– What makes it difficult for you to quit smoking? – Is there something that could help you decide to quit?	Common barriers: craving, stress, anxiety, and fear of withdrawal. Offer leaflets, practical tips, or refer to cessation support.
Repetition	Reinforce and revisit the conversation at each follow-up. Motivation grows with repetition and empathy.	– Revisit the patient's motivation regularly. – Address ambivalence with understanding.	Repetition increases the chance of success, and even brief reinforcement at each visit helps.