

Nicotine Dependence Form

NAME _____ ACCT# _____ DATE _____

- Do you smoke?** **NO** You are done with this form.
- YES** Please complete the entire form.

Circle the answer that most fits you:

Fagerstrom Test for Nicotine Dependence					
		0	1	2	3
1	How soon after you wake do you smoke your first cigarette?	After 60 minutes	31-60 minutes	6-30 minutes	Within 5 minutes
2	Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in church, at the library, cinema, etc.?	NO	YES		
3	Which cigarette would you hate most to give up?	All others	The first one in the morning		
4	How many cigarettes/day do you smoke?	10 or less	11-20	21-30	31 or more
5	Do you smoke more frequently during the first hours of waking than during the rest of the day?	NO	YES		
6	Do you smoke if you are so ill that you are in bed most of the day?	NO	YES		

SCORING:

0-2 Very low dependence

3-4 Low dependence

5-7 High dependence

8-10 Very high dependence