



FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE (ADULTS)

- | | <u>Score</u> |
|--|--------------|
| 1. How soon after you wake up do you smoke your first cigarette? | |
| <input type="checkbox"/> Within 5 minutes | 3 |
| <input type="checkbox"/> 6–30 minutes | 2 |
| <input type="checkbox"/> 31–60 minutes | 1 |
| <input type="checkbox"/> After 60 minutes..... | 0 |
| 2. Do you find it difficult to refrain from smoking in the places where it is forbidden (e.g., in church, at the library, in cinema)? | |
| <input type="checkbox"/> Yes..... | 1 |
| <input type="checkbox"/> No | 0 |
| 3. Which cigarette would you hate most to give up? | |
| <input type="checkbox"/> The first one in the morning | 1 |
| <input type="checkbox"/> Any other | 0 |
| 4. How many cigarettes/day do you smoke? | |
| <input type="checkbox"/> 10 or less | 0 |
| <input type="checkbox"/> 11–20..... | 1 |
| <input type="checkbox"/> 21–30..... | 2 |
| <input type="checkbox"/> 31 or more | 3 |
| 5. Do you smoke more frequently during the first hours after waking than during the rest of the day? | |
| <input type="checkbox"/> Yes..... | 1 |
| <input type="checkbox"/> No | 0 |
| 6. Do you smoke if you are so ill that you are in bed most of the day? | |
| <input type="checkbox"/> Yes..... | 1 |
| <input type="checkbox"/> No | 0 |

Total Score:

Heatherton TF, Kozlowski LT, Frecker RC, Fagerström K-O. The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. *Br J Addict* 1991;86:1119–1127.



MODIFIED FAGERSTRÖM TOLERANCE QUESTIONNAIRE (ADOLESCENTS)

- | | Score |
|---|--------------|
| 1. How many cigarettes a day do you smoke? | |
| <input type="checkbox"/> Over 26 cigarettes a day | 2 |
| <input type="checkbox"/> About 16–25 cigarettes a day | 1 |
| <input type="checkbox"/> About 1–15 cigarettes a day | 0 |
| <input type="checkbox"/> Less than 1 a day | 0 |
| 2. Do you inhale? | |
| <input type="checkbox"/> Always | 2 |
| <input type="checkbox"/> Quite often | 1 |
| <input type="checkbox"/> Seldom | 1 |
| <input type="checkbox"/> Never | 0 |
| 3. How soon after you wake up do you smoke your first cigarette? | |
| <input type="checkbox"/> Within the first 30 minutes | 1 |
| <input type="checkbox"/> More than 30 minutes after waking but before noon | 0 |
| <input type="checkbox"/> In the afternoon | 0 |
| <input type="checkbox"/> In the evening | 0 |
| 4. Which cigarette would you hate to give up? | |
| <input type="checkbox"/> First cigarette in the morning | 1 |
| <input type="checkbox"/> Any other cigarette before noon | 0 |
| <input type="checkbox"/> Any other cigarette afternoon | 0 |
| <input type="checkbox"/> Any other cigarette in the evening | 0 |
| 5. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, movies)? | |
| <input type="checkbox"/> Yes, very difficult | 1 |
| <input type="checkbox"/> Yes, somewhat difficult | 1 |
| <input type="checkbox"/> No, not usually difficult | 0 |
| <input type="checkbox"/> No, not at all difficult | 0 |
| 6. Do you smoke if you are so ill that you are in bed most of the day? | |
| <input type="checkbox"/> Yes, always | 1 |
| <input type="checkbox"/> Yes, quite often | 1 |
| <input type="checkbox"/> No, not usually | 0 |
| <input type="checkbox"/> No, never | 0 |
| 7. Do you smoke more during the first 2 hours than during the rest of the day? | |
| <input type="checkbox"/> Yes | 1 |
| <input type="checkbox"/> No | 0 |

Total Score:

Prokhorov AV, Pallonen UE, Fava JL, Ding L, Niaura R. Measuring nicotine dependence among high-risk adolescent smokers. *Addict Behav* 1996;21(1):117–127.

Prokhorov AV, Koehly LM, Pallonen UE, Hudmon KS. Adolescent nicotine dependence measuring by the modified Fagerström Tolerance Questionnaire at two time points. *J Child Adolesc Subst Abuse* 1998;7(4):35–47.



SMOKELESS TOBACCO DEPENDENCE SCALE

- 1. How many tins or pouches of smokeless tobacco do you typically use each week?** Score
- 1 or less each week 0
- 2–4 each week 1
- 5 or more each week 2
- 2. How often do you use smokeless tobacco?**
- 1 day each week or less 0
- 2–5 days each week 1
- 6–7 days each week 2
- 3. Do you intentionally swallow tobacco juices?**
- No 0
- Yes 1
- 4. Do you use smokeless tobacco when you are sick or have mouth sores?**
- No 0
- Yes 1
- 5. How soon after waking from your normal sleeping period do you use chewing tobacco or snuff?**
- After 30 minutes of waking 0
- Within 30 minutes of waking 1
- 6. Do you smoke cigarettes?**
- No 0
- Yes 1
- 7. Is it difficult for you not to use smokeless tobacco where its use is restricted or not allowed?**
- No 0
- Yes 1

Total Score: