



Tobacco Cessation Toolkit

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

Scoring: 7 to 10 points = highly dependent; 4 to 6 points = moderately dependent; less than 4 points = minimally dependent

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.

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Tobacco Cessation Toolkit



Modified Fagerström Tolerance Questionnaire (Adolescents)

	<u>Score</u>
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.

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Tobacco Cessation Toolkit

Smokeless Tobacco Dependence Scale

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

Scoring: 7 to 10 points = highly dependent; 4 to 6 points = moderately dependent; less than 4 points = minimally dependent

Total Score:

Severson HH, Hatsukami D. Smokeless tobacco cessation. *Primary Care* 1999;26(3):529–551.

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