



# FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE (ADULTS)

- |                                                                                                                                              | <u>Score</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1. How soon after you wake up do you smoke your first cigarette?</b>                                                                      |              |
| <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            |
| <b>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)?</b> |              |
| <input type="checkbox"/> Yes .....                                                                                                           | 1            |
| <input type="checkbox"/> No .....                                                                                                            | 0            |
| <b>3. Which cigarette would you hate most to give up?</b>                                                                                    |              |
| <input type="checkbox"/> The first one in the morning.....                                                                                   | 1            |
| <input type="checkbox"/> Any other .....                                                                                                     | 0            |
| <b>4. How many cigarettes/day do you smoke?</b>                                                                                              |              |
| <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            |
| <b>5. Do you smoke more frequently during the first hours after waking than during the rest of the day?</b>                                  |              |
| <input type="checkbox"/> Yes .....                                                                                                           | 1            |
| <input type="checkbox"/> No .....                                                                                                            | 0            |
| <b>6. Do you smoke if you are so ill that you are in bed most of the day?</b>                                                                |              |
| <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)

- |                                                                                                                             | <u>Score</u> |
|-----------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1. How many cigarettes a day do you smoke?</b>                                                                           |              |
| <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            |
| <b>2. Do you inhale?</b>                                                                                                    |              |
| <input type="checkbox"/> Always .....                                                                                       | 2            |
| <input type="checkbox"/> Quite often .....                                                                                  | 1            |
| <input type="checkbox"/> Seldom .....                                                                                       | 1            |
| <input type="checkbox"/> Never .....                                                                                        | 0            |
| <b>3. How soon after you wake up do you smoke your first cigarette?</b>                                                     |              |
| <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            |
| <b>4. Which cigarette would you hate to give up?</b>                                                                        |              |
| <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            |
| <b>5. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, movies)?</b> |              |
| <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            |
| <b>6. Do you smoke if you are so ill that you are in bed most of the day?</b>                                               |              |
| <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            |
| <b>7. Do you smoke more during the first 2 hours than during the rest of the day?</b>                                       |              |
| <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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# SMOKELESS TOBACCO DEPENDENCE SCALE

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

Total Score:

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