## FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE (ADULTS)

1. **How soon after you wake up do you smoke your first cigarette?**  
   - Within 5 minutes: 3 points  
   - 6–30 minutes: 2 points  
   - 31–60 minutes: 1 point  
   - After 60 minutes: 0 points

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)?**  
   - Yes: 1 point  
   - No: 0 points

3. **Which cigarette would you hate most to give up?**  
   - The first one in the morning: 1 point  
   - Any other: 0 points

4. **How many cigarettes/day do you smoke?**  
   - 10 or less: 0 points  
   - 11–20: 1 point  
   - 21–30: 2 points  
   - 31 or more: 3 points

5. **Do you smoke more frequently during the first hours after waking than during the rest of the day?**  
   - Yes: 1 point  
   - No: 0 points

6. **Do you smoke if you are so ill that you are in bed most of the day?**  
   - Yes: 1 point  
   - No: 0 points

**Total Score:** [Blank]

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## MODIFIED FAGERSTRÖM TOLERANCE QUESTIONNAIRE (ADOLESCENTS)

1. **How many cigarettes a day do you smoke?**
   - Over 26 cigarettes a day ................................................................. 2
   - About 16–25 cigarettes a day .......................................................... 1
   - About 1–15 cigarettes a day ............................................................. 0
   - Less than 1 a day ........................................................................... 0

2. **Do you inhale?**
   - Always ............................................................................................ 2
   - Quite often ...................................................................................... 1
   - Seldom ............................................................................................. 1
   - Never .............................................................................................. 0

3. **How soon after you wake up do you smoke your first cigarette?**
   - Within the first 30 minutes ......................................................... 1
   - More than 30 minutes after waking but before noon .................. 0
   - In the afternoon ............................................................................. 0
   - In the evening ............................................................................... 0

4. **Which cigarette would you hate to give up?**
   - First cigarette in the morning ..................................................... 1
   - Any other cigarette before noon .................................................. 0
   - Any other cigarette afternoon ..................................................... 0
   - 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)?**
   - Yes, very difficult ......................................................................... 1
   - Yes, somewhat difficult ............................................................... 1
   - No, not usually difficult ............................................................... 0
   - No, not at all difficult .................................................................. 0

6. **Do you smoke if you are so ill that you are in bed most of the day?**
   - Yes, always .................................................................................. 1
   - Yes, quite often ............................................................................. 1
   - No, not usually ............................................................................. 0
   - No, never ...................................................................................... 0

7. **Do you smoke more during the first 2 hours than during the rest of the day?**
   - Yes ............................................................................................... 1
   - No ............................................................................................... 0

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**Total Score:**


SMOKELESS TOBACCO DEPENDENCE SCALE

1. How many tins or pouches of smokeless tobacco do you typically use each week?
   - 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: