

NIDA CLINICAL TRIALS

Fagerstrom Test for Nicotine Dependence

(1-2 Low dependence, 3-4 Low to moderate dependence, 5-7 Moderate dependence, 8-10 High dependence)

Date: _____

Name: _____

Do you smoke? Yes No Date of last tobacco use?

If you answered "yes" above, read each of the following questions below, then check the box " " which best describes your response.

1. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes³

5 to 30 minutes²

31 to 60 minutes³

2. Do you find it difficult to refrain from smoking in places where it is forbidden?
(e.g., in church, at the library, in the cinema?)

Yes¹

No⁰

3. Which cigarette would you hate to most give up?

The first one in the morning¹

Any other⁰

4. How many cigarettes per day do you smoke?

10 or less⁰

11 to 20¹

21 to 30²

31 or more³

5. Do you smoke more frequently in the morning?

Yes¹

No⁰

6. Do you smoke even if you are sick in bed most of the day?

Yes¹

No⁰

Would you be interested in smoking cessation classes? Yes No

Comments? _____