

## SMOKING CESSATION SERVICE

### DEPENDENCE ON SMOKING QUESTIONNAIRE

This questionnaire is based on the Fagerstrom Test of Nicotine/Cigarette Dependence and will allow us to see how dependent you are on cigarettes in order to offer the best support.

Please circle one number per question:

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

Within 5 minutes	6 – 30 minutes	31 – 60 minutes	Over 60 minutes
3	2	1	0

**2. Do you find it difficult to stop smoking in no-smoking areas?**

No	Yes
0	1

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

The first of the morning	Other
1	0

**4. How many cigarettes per day do you usually smoke?**  **Per day**

10 or less	11 to 20	21 to 30	31 or more
0	1	2	3

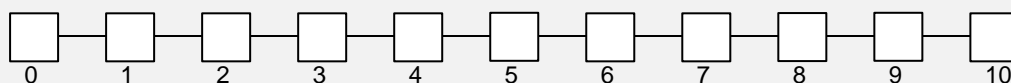
**5. Do you smoking more frequently in the first hours after waking than during the rest of the day?**

No	Yes
0	1

**6. Do you still smoke if you are so ill that you are in bed most of the day?**

No	Yes
0	1

*To be complete by the pharmacy: please add the numbers above and mark the total score below:*



Less dependent

More dependent