

## Nicotine Dependence Check

is not recommended for use by pregnant or breastfeeding women, or those with a history of stroke or heart attack. If this applies to you, do not fill in the questionnaire. Consult your health professional about your use of Nicotine

replacement therapy.

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

- |                   |         |
|-------------------|---------|
| After 30 minutes  | 0 point |
| Within 30 minutes | 1 point |

2. **Do you find it hard not to smoke in places where it isn't allowed – eg at work, on a bus, in theatres and so on?**

- |     |         |
|-----|---------|
| No  | 0 point |
| Yes | 1 point |

3. **Which cigarette would be the hardest one to give up?**

- |                              |         |
|------------------------------|---------|
| One as hard as another       | 0 point |
| The first one in the morning | 1 point |

4. **How many cigarettes a day do you smoke?**

- |            |          |
|------------|----------|
| 15 or less | 0 point  |
| 16 to 25   | 1 point  |
| 26 or more | 2 points |

5. **Do you smoke more in the morning than during the rest of the day?**

- |     |         |
|-----|---------|
| No  | 0 point |
| Yes | 1 point |

6. **Do you smoke even when you are sick?**

- |     |         |
|-----|---------|
| No  | 0 point |
| Yes | 1 point |

7. **What is the nicotine level of your usual brand of cigarettes (It's printed on the side of the pack).**

- |               |          |
|---------------|----------|
| 0.9mg or less | 0 point  |
| 1.0mg . 1.2mg | 1 point  |
| 1.3mg or more | 2 points |

8. **Do you inhale?**

- |           |          |
|-----------|----------|
| Never     | 0 point  |
| Sometimes | 1 point  |
| Always    | 2 points |

If you scored up to 4 points, you are probably a social smoker.

If you scored between 4 and 7, you are well on the way to addiction (if you are not addicted already).

If you scored over 8, you should know that to succeed in stopping smoking, you will probably need plenty of help.

### of Nicotine Dependence

		Number of Cigarettes/Day	Dosage
High	smoke Within 5 minutes	Usually more than <b>30</b>	<b>Patches:</b> Nicabate 21mg Need to consult with Pharmacist if withdrawal symptoms persist <b>Gum:</b> Nicorette 4mg Usually 6-10 pieces per day. Reduce to 2mg after 4-8 weeks. Then reduce over next 4 weeks to 0.
Moderate	Within 30 minutes of waking	Usually <b>20-30</b>	<b>Patches:</b> Nicabate 21mg <b>Gum:</b> Nicorette 2mg usually 8-12 pieces per day.
Low-Moderate	Not needing to smoke within 30 minutes of waking	Usually <b>10-20</b>	<b>Patches:</b> Nicabate 21mg Inhaler: Nicorette 10mg usually 6-12 cartridges inhaled per day for 8 weeks. Reduce over next 4 weeks to 0
Low	Not needing to smoke within the first hour of waking	Usually less than <b>10</b>	Usually not recommended May be considered for use in special cases eg inpatients with psychiatric comorbidity.

**Dependence:** Consider NRT (Nicotine Replacement Therapy) for those who smoke **at least 10 cigarettes daily**. There is no evidence that drug treatment will benefit people smoking less than 10 cigarettes daily (low nicotine dependence).

### Fagerstrom test for Nicotine Dependence

PLEASE TICK ONE BOX FOR EACH QUESTION

1. How soon after waking up do you smoke your first cigarette?	Within 5 minutes 6-30 minutes 31-60 minutes	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
2. Do you find it difficult to abstain from smoking in places where it is forbidden, eg Church, Library, etc.	Yes No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
3. Which cigarettes would you hate to give up?	The first on in the morning Any other	<input type="checkbox"/> 1 <input type="checkbox"/> 0
4. How many cigarettes a day do you smoke?	10 or less 11 to 20 21 to 30 31 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. Do you smoke more frequently in the morning than the rest of the day?	Yes No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
6. Do you smoke even though you are sick in bed for most of the day?	Yes No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>TOTAL SCORE</b>		
<b>1-2 = low dependence 3-4 = low to moderate dependence 5-7 = moderate dependence 8-10 = high dependence</b>		