

NIDA Clinical Trials Network

Fagerstrom Test for Nicotine Dependence (FND)

Segment: --

Visit Number: --

Date of Assessment: (mm/dd/yyyy) --/--/----

Do you currently smoke cigarettes?

☐ No

☐ Yes

If "yes," read each question below. For each question, enter the answer choice which best describes your response.

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

☐ Within 5 minutes

☐ 31 to 60 minutes

☐ 6 to 30 minutes

☐ After 60 minutes

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)?

☐ No

☐ Yes

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

☐ The first one in the morning

☐ Any other

4. How many cigarettes per day do you smoke?

☐ 10 or less

☐ 21 to 30

☐ 11 to 20

☐ 31 or more

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

☐ No

☐ Yes

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

☐ No

☐ Yes

Comments:

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Instructions

Clinic personnel will follow standard scoring to calculate score based on responses.

Your score was: (your level of dependence on nicotine is): — —