NIDA Clinical Trials Network

Fagerstrom Test for Nicotine Dependence (FND)

| Segm | ent: | | |
|--|--|------------------------------|------------------|
| Visit N | 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 |
| 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. | 4. How many cigarettes per day do you smoke? | | |
| | | ☐10 or less | 21 to 30 |
| | | 11 to 20 | 31 or more |
| 5. | 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):