



## WELLNESS WORKSHEET 55

### Nicotine Dependence: Are You Hooked?

Answer each question in the list below, giving yourself the appropriate points. Completing the smoking journal on the reverse may help you answer these questions more accurately.

- \_\_\_\_\_ 1. How soon after you wake up do you have your first cigarette?  
a. within 5 minutes (3)  
b. 6–30 minutes (2)  
c. 31–60 minutes (1)  
d. After 60 minutes (0)
- \_\_\_\_\_ 2. Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, theater, or a doctor’s office?  
a. yes (1)  
b. no (0)
- \_\_\_\_\_ 3. Which cigarette would you most hate to give up?  
a. the first one in the morning (1)  
b. any other (0)
- \_\_\_\_\_ 4. How many cigarettes a day do you smoke?  
a. 10 or less (0)  
b. 11–20 (1)  
c. 21–30 (2)  
d. 31 or more (3)
- \_\_\_\_\_ 5. Do you smoke more frequently during the first hours after waking than during the rest of the day?  
a. yes (1)  
b. no (0)
- \_\_\_\_\_ 6. Do you smoke if you are so ill that you are in bed most of the day?  
a. yes (1)  
b. no (0)
- \_\_\_\_\_ Total

A total score of 7 or greater indicates that you are very dependent on nicotine and are likely to experience withdrawal symptoms when you stop smoking. A score of 6 or less indicates low to moderate dependence.

#### INTERNET ACTIVITY

Many Web sites offer help for smokers who want to quit. Visit one of the following or do a search to find another appropriate site. Write a brief description and evaluation of the quitting information offered. What information or advice is provided? Do you find it personally useful for quitting?

American Cancer Society: <http://www.cancer.org>

American Lung Association: <http://www.lungusa.org>

SmokeFree.Gov: <http://www.smokefree.gov>

Try to stop: <http://www.makesmokinghistory.org>

Site visited (URL): \_\_\_\_\_

Description:

(over)

**Smoking Journal**

Date _____			Day	M	TU	W	TH	F	SA	SU
Time of day	N	R	Where were you?	What else were you doing?	Did someone else influence you?	Emotions and feelings?		Thoughts and concerns?		

N = Number of cigarettes

R = Rating (0–3) of how much you wanted cigarette

QUIZ SOURCE: Heatherton, T. F., et al. 1991. The Fagerstrom Test for Nicotine Dependence. A revision of the Fagerstrom Tolerance Questionnaire. *British Journal of Addictions* 86(9): 1119–1127.