

Karl Fagerstrom Nicotine Tolerance Questionnaire

For each statement, circle the most appropriate number that best describes you.

- | | Point(s) |
|--|----------|
| 1. How many cigarettes do you smoke per day? | |
| a) 10 or less | 0 |
| b) 11 – 20 | 1 |
| c) 21 – 30 | 2 |
| d) 31 or more | 3 |
| 2. How soon after you wake up do you smoke your first cigarette? | |
| a) 0 – 5 min | 3 |
| b) 30 min | 2 |
| c) 31 – 60 min | 1 |
| d) After 60 min | 0 |
| 3. Do you find it difficult to refrain from smoking in places where smoking is not allowed (e.g. hospitals, government offices, cinemas, libraries etc)? | |
| a) Yes | 1 |
| b) No | 0 |
| 4. Do you smoke more during the first hours after waking than during the rest of the day? | |
| a) Yes | 1 |
| b) No | 0 |
| 5. Which cigarette would you be the most unwilling to give up? | |
| a) First in the morning | 1 |
| b) Any of the others | 0 |
| 6. Do you smoke even when you are very ill? | |
| a) Yes | 1 |
| b) No | 0 |

Total Point(s): _____

TOTAL SCORE	LEVEL OF DEPENDENCE
0 – 3 points	Low
4 – 6 points	Medium
7 – 10 points	High

GUIDELINES TO SCORING INTERPRETATION

Score 0-3: Low nicotine dependence

- Mild physical dependence.
- Will benefit from professional counselling.
- Pharmacotherapy not recommended at initial assessment. If patient has difficulty dealing with withdrawal symptoms, further assessment for pharmacotherapy to be carried out to ascertain suitability.

Score 4 - 6: Medium nicotine dependence

- Moderate physical dependence.
- Require professional counselling.
- May recommend pharmacotherapy if patient is assessed to be suitable. Pharmacist and/or doctor to provide more advice on pharmacotherapy.

Score 7 - 10: High nicotine dependence

- Strong physical dependence.
- Require professional counselling.
- Recommend pharmacotherapy if patient is assessed to be suitable. Pharmacist and/or doctor to provide more advice on pharmacotherapy.

Willpower and support from family and friends are important elements for all levels of nicotine dependence.