Fagerström Test for Cigarette Dependence

The Fagerström Test for Cigarette Dependence is designed to help you and your healthcare provider have a discussion about your need to smoke.

Please read each question below. For each question, check ($\sqrt{\ }$) the box that best describes your response.

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

| After 60 minutes | 0 |
|------------------|---|
| 31 – 60 minutes | 1 |
| 6 – 30 minutes | 2 |
| Within 5 minutes | 3 |

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, at the movies, etc.?

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

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

| The first one in the morning | 1 |
|------------------------------|---|
| Any other | 0 |

4. How many cigarettes per day do you smoke?

| 10 or less | 0 |
|------------|---|
| 11 – 20 | 1 |
| 21 – 30 | 2 |
| 31 or more | 3 |

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

| Yes | 1 |
|-----|---|
| No | C |

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

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

To find out your score, add up the numbers for each response. See the table below to determine your level of cigarette dependence.

| Score | Level of cigarette dependence |
|-------|-------------------------------|
| 0-2 | Very low |
| 3-4 | Low |
| 5 | Medium |
| 6-7 | High |
| 8-10 | Very high |

Talk to your healthcare provider about your score. Ask about quitting.

