



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CLIENTS NAME : _____

DATE : _____

The following questions allow the client's nicotine dependence score to be calculated. A reliable indicator of nicotine dependence is not obtained from only asking how many cigarettes per day the client normally smokes. The total of the scores from questions 4 to 9 provides a much stronger indication of dependence.

Ensure that all questions are answered in order to calculate an accurate score. For further information on nicotine dependence scores please read more about Fagerstrom (Heatherton, T.F., Kozlowki, L.T., Frecker, R.C. and Fagerstrom, K.O. 1991. The Fagerstrom test for nicotine dependence: A revision of the Fagerstrom tolerance questionnaire. British Journal of Addictions 16: 1119-27).

The Advisor should calculate the score by totalling the points from questions 4 to 9. The score will range from 0 to 10, with 10 being the highest level of dependence. The score can then be discussed with the client.

Low nicotine dependence – 0 to 3 points

Medium nicotine dependence – 4 to 5 points

High nicotine dependence – 6 to 10 points.

1	HOW MANY YEARS HAVE YOU SMOKED OR HOW OLD WERE YOU WHEN YOU STARTED SMOKING?		
2	HOW MANY TIMES HAVE YOU TRIED TO QUIT SMOKING?		
	This information provides context to the current quit attempt and outcomes. It may help provide a measure of the client's motivation to stop smoking and the impact of previous failed quit attempts should be discussed with the client.		
3	HAVE YOU USED NICOTINE REPLACEMENT THERAPY BEFORE, E.G. GUM OR PATCH?	YES	NO
	This will assist the stop smoking advisor and client during the discussion regarding the use of available treatment options and previous experiences of treatment use.		
4	HOW SOON AFTER YOU WAKE UP DO YOU SMOKE YOUR FIRST CIGARETTE?		
	Option	Score	
	Within 5 minutes	3	
	6-30 minutes	2	
	31-60 minutes	1	

5	DO YOU FIND IT DIFFICULT TO REFRAIN FROM SMOKING IN PLACES WHERE IT IS FORBIDDEN?	
	The client is required to answer either yes or no. If necessary provide examples to the client such as the pub or at the cinema.	
	Option	Score
	Yes	1
	No	0
6	WHICH CIGARETTE WOULD YOU HATE MOST TO GIVE UP?	
	The client may choose either the first cigarette of the day or any other cigarette.	
	Option	Score
	The first in the morning	1
	Any other	0
7	HOW MANY CIGARETTES PER DAY DO YOU SMOKE?	
	There are four options for the client to choose from ranging from ten or less to 31 or more. Should a client be unsure which option to choose as the number of cigarettes they smoke varies they should be encouraged to provide an answer based on their average smoking consumption per day. Should the client use tobacco in a form other than cigarettes a conversion chart should be used to obtain the equivalent value in cigarettes.	
	Option	Score
	10 or less	0
	11 to 20	1
	21 to 30	2
	31 or more	3
8	DO YOU SMOKE MORE FREQUENTLY IN THE FIRST HOURS AFTER WAKING THAN DURING THE REST OF THE DAY?	
	The client can choose yes or no. If the client is unsure they should be encouraged to provide an answer based on when they smoke their first cigarette on most days.	
	Option	Score
	Yes	1
	No	0
9	DO YOU SMOKE EVEN IF YOU ARE SO ILL THAT YOU ARE IN BED MOST OF THE DAY?	
	The client can choose yes or no. If the client is unsure and cannot recall a time that they were so ill they were in bed for most of the day they should be encouraged to think about the last time they were ill and did they smoke at that time.	
	Option	Score
	Yes	1
	No	0