

FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE (FTND) *

PATIENT NAME: _____ DATE: ____/____/____

PLEASE read each question below. Check only one box for each question that best describes your response.

1. How soon after you wake up do you smoke your first cigarette?
3 ☐ Within 5 minutes
2 ☐ 6 – 30 minutes
1 ☐ 31 – 60 minutes
0 ☐ After 60 minutes
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in church, at the library, in cinemas, etc.?
1 ☐ Yes
0 ☐ No
3. Which cigarette would you hate most to give up?
1 ☐ The first one in the morning
0 ☐ Any other
4. How many cigarettes per day do you smoke? _____
3 ☐ 31 or more
2 ☐ 21 - 30
1 ☐ 11 - 20
0 ☐ 10 or less
5. Do you smoke more frequently during the first hours after awakening than during the rest of the day?
1 ☐ Yes
0 ☐ No
6. Do you smoke when you are so ill that you are in bed most of the day? (If you never get sick, give the most likely response.)
1 ☐ Yes
0 ☐ No

Total Score: _____

Staff Member Signature

Date: ____/____/____

* From: Heatherton TF, et al. The Fagerström Test for Nicotine Dependence: A Revision of the Fagerström Tolerance Questionnaire. *Br J Addict.* 1991;86:1119-1127.